MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. First 1. DECEASED-NAME Middle 20. DATE KNOWN Month (Type or Print) OF 6BE121 DEATH MATED delay S. DATE OF BIRTH IF UNDER 24 HRS. DATE PRONOLINCED DEAD 3 SEX 4. RACE AGE (In years pup YRS. xxxxxxx, 793 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED CECI1 ecil (ountu DIVORCED Give Pages This certificate shauld be executed within 24 haurs after death 10. CITY OR TOWN OF DEATH 11: NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done with during Sacrace life, even if retired.) Ik Neck give street oddress Neck Office alang 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? with death. 13e. STREET AND NUMBER 13b COUNTY odmission) STATE YES 🗍 Neck none 1 and 2 Item] ofter First Middle 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Middle Walter Anton Sapp Leanor Examiner's pages 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 1 16b. SOCIAL SECURITY NO INFORMANT ADDRESS (Yes, no, ar unknown) (If yes nime wor or dates of service) Barbara M. Anton, Konea File = within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). forwarded to the Chief Medical permit. PART I. DEATH WAS CAUSED BY TONOKIA pending IMMEDIATE CAUSE event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (o). the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse __ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) D writing COS remaval, nsed 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? icate, pe pe 21o. EXTERNAL CAUSE WAS 10 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) 3 shauld pleose execute the certif shauld HOUR A.M MEDICAL PRIMARY OR CONTRIBUTING SICAL EXAMINER: crematian, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK Page burial, 220. I certify that I took charge of the remains described above, held an Autopsy ... Inspection directar. death resulted from: Natural causes Suicide N Hamicide retained CHIEF MEDICAL EXAMINER pridr ACTUAL ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) 0 BURIAL CREMATION, 23d. LOCATION (City or Town)

VR A15ME (5) 10M REV. 1/68

06938 Yeor 2d. HOUR 12b. KIND OF BUSINESS OR INDUSTRY

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BETWEEN ONSET AND GEATH

20. AUTOPSY? NOV

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22b. DATE SIGNED

(County)

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FUNERAL DIRECTOR

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1000 A ascau CATALON WILLIAM TO ACCUMENT SECTION TO THE PROPERTY. List to warmen Lecil (punity) lis. __ (1.52). an ye distribution of the second seco Los es - sunt Thinke en que la serie de la company SHOW THE PLUS BURNING STORY OF THE STORY OF further the same of the fitted contract the same of the same Miller with the Control of the Control of the State of the Control of the Control

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2g. DATE OF DEATH Last

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2b. HOUR

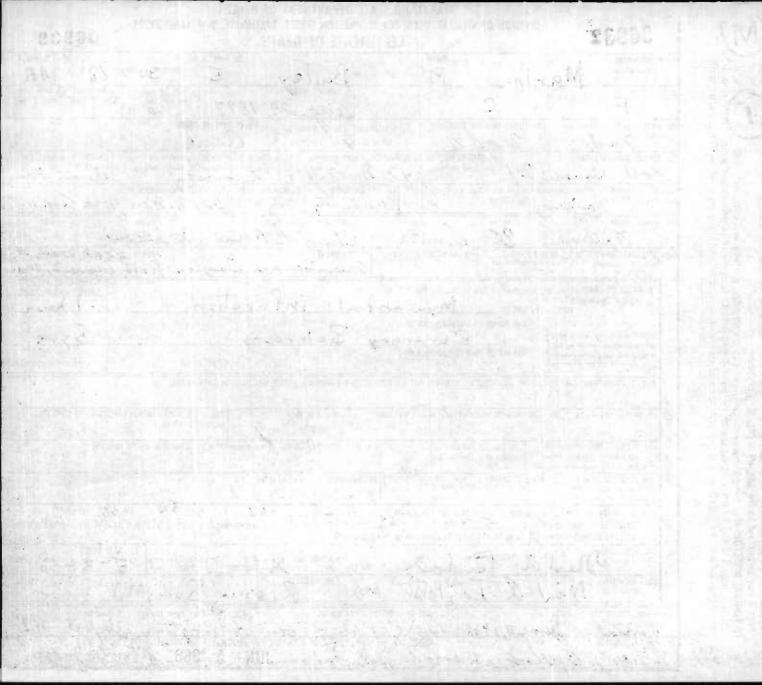
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ours after death.	by the Juneral s. rages 1 and 2 haurs after death.
PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	ERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the dineral arr, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Tayes 1 and 2 defiled with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.
he death certificate bo	e attending physician of permit. Then please tian, ar remaval, and is
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PITAL OR ATTENDING PHYSICIAN: The law requires that	After this certificate by the detached far use State Dept. af Health
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06932

First

DECEASED-NAME

(Type ar print) Manth 30 Day IF UNDER 1 YEAR 4. RACE 6. AGE (In years IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH last birthday) MONTHS HOURS 70 YRS. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH (auntry) DIVORCED WIDOWED 3 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Deposit Domestic Private Jam 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES 🔀 ew york ave. en Jorsem 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Last Last Address 22471. main 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (If yes give war or dates of service) Yes, na, ar unknawn) mis. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MUCCAY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave -or ongs rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NO IV YES [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 5-25, 188, ta 5-30, 1968, that (I) (we) last saw the deceased alive an 5-30, 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) MO Orbr Page 4
To Fune 23c. NAME OF CEMETERY OR CREMATORY 23d. 1964TION (City or Town) 23b, DATE (State) 23g. BURIAL CREMATION. (Caunty) REMOVAL (Specify) ml. Burial 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 4 1968 DATE JUN 30M REV. 16 2 same de



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	CEASED-NAME	First		Middle		Lost		2o. DATE	OF DEATH Month		v	2b. HOUR
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3. SE	X		4. RACE			S. DATE OF			6. AGE (In		IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Female	2	Whit	•		Sent	16.1	883	lost birth	idoy) YRS.	MONTHS DAYS	HOURS MIN.
). E	SIRTHPLACE (Stot		7b. CITIZEN OF WH		8. MAPPIE	D NEVER MA		9. COUNTY	OF DEATH	1		
oun	marvla		II.S.A.		WIDOWE	DIV	ORCED	Con	il Co			Md
	ITY OR TOWN O		11. NA	ME OF HOSPITAL OR IN			12o. USL		ON (Kind of w		12b. KIND OF	BUSINESS OR
0	olora	Md -	give s	treet oddress)	F. D		during n	ost of worki	ng life, even i	retired.)	INDUSTRY	Home
			ed lived, if instituti	on. Decidence before		OR TOWN	13d. INSIDE CITY		STREET AND N		OWI	Home
dmi	ssion) STATE	Md.	13b. COUNTY C	ecil	Colo		YES N	NO I	F.D.	# 1		
4. F	ATHER'S NAME	First	Middle	Lost		IS. MOTHER'S A	MAIDEN NAME			Middle		Lost
	Fran	cie	T.	Way		Mary	7	Ev	ra:		Killou	igh
60.	WAS DECEASED	EVER IN U.S. ARM		16b. SOCIAL SECURITY	NO. 12	7. INFORMANT			, 66	Address		
Y	es, no, or unknow	vn) (If yes give w	ar or dates of service)	None	26.4	J. Fra	nkie	Wav	- 0	olor	a Md.	
٦		DEATH (Enter on	y one couse per lin	e for (a), (b), and (c)							APPROX	IMATE INTERVAL ONSET AND DEATH
		EATH WAS CAUSED	DM	Myoc		01	a. S.	-not	1		JS S	JASEL AND DEATH
	1110	IMMEDIA					1000	66-174			2 000	
	Conditions if	ny, which gave)	DUE TO, OK A	S A CONSEQUENCE OF		12 1	2 //00	ala	B.		20	4.
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	stoting the un	derlying couse	(c)	Co 6		- 1	.661	5			10.	71
		SIGNIFICANT CON	17	ING TO DEATH BUT N			AL DISEASE OR	CONDITION G	IVEN IN PART 1	(0)		
	420	1	20000	NIO TO DENTI DOT I		TO THE TEXABLE	, L D D D D D			(0)		
CERTIFICATION	19o. DATE OF OF	FRATION 19h	ONDITION FOR WHI	CH OPERATION WAS PI	FREORMED	20g. AU1	OPSY?	20b	. IF YES, WERE	FINDINGS CO	ONSIDERED IN C	ERTIFYING
5	170. 51112 01 01					YES F		CAL	ISES OF DEATH			
CEK	21o. ACCIDENT	WAS UNDERLYIN	G 21b. TIME OF	INIURY	210	HOW INJURY O			niury in Port 1	or Port 2	Item 18.)	
MEDICAL	OR CONTRIBUTION	G CAUSE OF DEAT	HOUR A.M.	Month Doy Year		TOTT INDUCT O	comes (em	0. 1101010 07 1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
VIE U.	(It either, notif	y medicol exomin			9 CTORY 1 214	LOCATION Str	act or PED N	0 (lity or Town		County	Stote
	While Not of work	while 7	PLACE OF INJUNI	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.) 211.	LOCATION 311	BEI OF K.I.D. IN	0.	ily or lown		County	31010
	of work of	work (1) (abi	- hit-IV -44-	nded the deceos	- d f	100010	104	25- to	522	7 10.	S that	(1) (ma) las
	saw th	e deceased a	ive on S	2/	1962	and that in (r	nv) (our) or	inian deat	h accurred	on the da	te and haur	and from the
	couses	stated above	, (I) (we) (did)	(did not) view the	body ofte	er deoth.	,, (00., 0					
i	22b. SIGNATUR		////		2 -		NAC	MED.	CTAFF	22c.	DATE SIGNED	
-	1	1/200	HEL	1	12 GH	GREE PHYS.	JING E	DIRECTOR [STAFF PHYS.	0 5	22/6	8-1
ı	22d. PHYSICIAN		/		25,45,00	22e. Al						
,	Gameny	Richa	rds Jr.	MD.		Por	ct Der	osit	Md.			
30.	BURIAL, CREMA	TION, 23b. 1	DATE	23c. NAME OF	CEMETERY	OR CREMATORY		23 d. LOCA	ATION (City or	Town)	(County)	(Stote)
_	REMOVAL (Spec	1 5-	30-1968	West 1	Votti	ngham	Cem.	Cold			cil	Mat.
	PUNERAL DIRECT	OR e Sq	10/H/1	ADDRES!			25o. REC'D	BY REGISTRA	1968 ^{25b.}	CEAS!	SUSTATUL	446
0	amo	6.111	Hoper	n Risir	ng Su	in Md.	DATE	CY	1000	T	0	0

rours ofter death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Per shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital or attending physician. VR A15 (4)

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

26934

CERTIFICATE OF DEATH

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	ECEASED-NAME Type or print)	First SALL	Œ	Middle B	RISCO	Lost C		20. DA	TE OF DEATH Month 22	2 Doy	¥9 6		ь. ноиг :30 ^Р м
3. 5	EX Fremale		4. RACE Negro			S. DATE OF	BIRTH 1 5, 18	03	6. AGE (In year last birthday) M	IF UNOER 1 YEAR		OER 24 HRS. RS MIN.
70.	BIRTHPLACE (Stote or	foreign i	b. CITIZEN OF WH		8. MARRIED	NEVER MA			Y OF DEATH Cecil	YRS.			Md
	CITY OR TOWN OF DE	ATH		ME OF HOSPITAL OR INS treet address) Union H	TITUTION (If n	at in haspital	12a. USU/		TION (Kind of work		12b. KIND O INDUSTRY HOT		
	USUAL RESIDENCE (Vission) STATE Maryla		lived, if instituti 13b. COUNTY C	an: Residence before		TOWN	13d. INSIDE CITY LE		R.D. 2	BER	11011		1:17
14.	FATHER'S NAME Unkno	First OWN	Middle	Lost	15	. MOTHER'S	MAIDEN NAME F A	irst lice	Brooks	ddle		Los	st
16a	. WAS DECEASED EVER Yes, Mor unknown)		D FORCES? or dates of service)	16b. SOCIAL SECURITY N 219-36-01	0. 72 He	nformant arry B	riscoe		Add	Nort	th Eas	st,]	
NOI	4221	which gave couse (a), ying cause	(b) DUE TO, OR A (c) ITIONS CONTRIBUT	S A CONSEQUENCE OF S C V D S A CONSEQUENCE OF	OT RELATED TO					ower cou			
CERTIFICATION	19a. DATE OF OPERAT			CH OPERATION WAS PER		20a. AU YES [NO 🗆	C	Ob. IF YES, WERE FIND AUSES OF DEATH?			CEKTIFTI	NG.
MEDICAL CE	21a. ACCIDENT WA: OR CONTRIBUTING (If either, notify modern color) 21d. INJURY OCCUR While Not while	CAUSE OF OEATH edical examine RED 21e. F	r) HOUR A.M. P.M.	Manth Day Year 19 AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					f injury in Port 1 ar 1 City ar Tawn	Part 2, Ite	caunty		State
	causes sta	hat (I) (this	hospital) atte	did nat view the b	d from_ 9 £3, and pady after	d that in (death.	//, 19 <u>6</u> my) (cor) api	7, ta inian dec	ath accurred an 1			it (l) (r and f	va) last tram the
	22d. PHYSI(JAN'S NAME Viype)	Jay s	Barnh	art Jr.	(D DEGR	11110.	DRESS 4 Mauld	MED. HRECTOR in Ar	orth	2	te signed 5-24- st, Md		
	BURIAL, CREMATION REMOVAL (Specify) Burial	23b. D. 5 - 2	ATE 27-68	23c. NAME OF C St. Ma	rk's	CREMATORY		No	CATION (City or Town	Ced		(Sto	ate)
	FUNERAL DIRECTOR rant Fune	ral Ho	me!!!	ADDRESSE North	ox 22 East	, Md.	DATE	Y REGISTR		STRAR'S SI			

ages 1 and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. the funeral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached far use as the burial-transit permit. Then please remave carban page should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers, should be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within 72 h

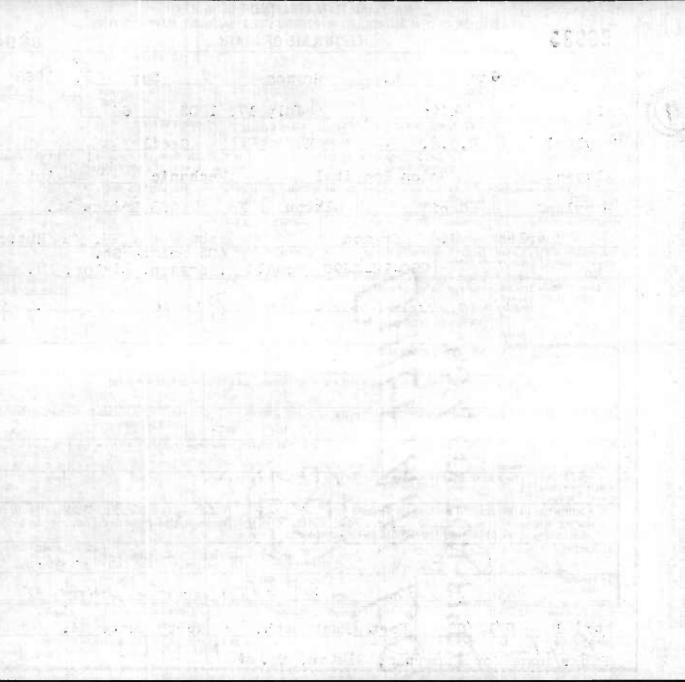
VR A15 41/ 30M REV. 168

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06942

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	(vne ar nrint)		Middle		Last		2a. DATE OF		y Year	2b. HOUR
1.	Ch.	arles	E.	B	ryson			May 9	9 200	
. SE	X	4. RACE			S. DATE OF E	BIRTH -		6. AGE (In years		IF UNDER 24 HRS.
]	Male	Whi	te		July	17. 1	903	64 YRS.	munins OATS	HOOKS MIN.
a. [BIRTHPLACE (State ar fareign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MA	RRIED 9.	COUNTY OF	DEATH		
caur	Warvland	U.S.	Α.	WIDOWED:	DIVO		Cec	il		Md
		11. N	AME OF HOSPITAL OR IN	STITUTION (If I	at in haspital		OCCUPATION	(Kind of work done	12b. KIND OF	BUSINESS OR
	Elkton	give	nion Hos	pital		during mas	t of warking chan 1	C even it refired.)	Aut	0
	USUAL RESIDENCE (Where de	eceased lived, if institu	tian: Residence befare	13c. CITY OR	TOWN	13d. INSIDE CITY LIMI	TS? 13e. ST			
idm	ission) STATE Maryland	13b. COUNTY	11	Elk	ton	YES NO	40	5 Bridge	St.	
4.	77	Middle	Last	1:	. MOTHER'S A	ALDEN NAME Fire		Middle		Last
	Charl	es J.	Brvs	on		Rel	ba	Н.	Hu	tton
					NFORMANT	40	5 Bri	dge Softress	-	
Y	(es, na, ar unknawn) (It yes	give wor or dates of service)	220-12-	699¢	Dona	ld J.	Bryso	n. Elkto	n. Md.	
	18. CAUSE OF DEATH (Ente	er anly ane cause per l							APPROXII	
	PART I DEATH WAS CA				Head	+ D.	Se35		د مرسو	45
	11129				7.00		6 6 8			2/
	Canditians, if any, which a	ove)	AS A CONSEQUENCE OF							
	rise to immediate cause	(a), (b)	AS A CONSEQUENCE OF							
Charles Bryson Month Pay 1968										
			ITING TO DEATH BUT N	OT RELATED TO	THE TERMIN	AL DISEASE OR CO.	NDITION GIVE	N IN PART 1(a)		
	11.700	CONDITIONS CONTRIBE	JINO TO BEATT BOT IS	OT KEERIED I	o the recomit	AL DISEASE ORCO		N IN TAKE 1(4)		
TION	19g. DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20g. AUT	OPSY?	20b. IF	YES, WERE FINDINGS (CONSIDERED IN CI	ERTIFYING
FICA										
CERT	21 a. ACCIDENT WAS UNDER	RLYING 216. TIME C	F INJURY	2Ic. H			nature of iniu	ry in Part 1 or Part 2.	Item 18.)	
B	OR CONTRIBUTING CAUSE O	F DEATH HOUR A.M.	Manth Day Year					,		
WED	(It either, natity medical ex				OCATION Stre	et or RED No.	City	or Town	County	State
	While Nat while	TIE. TERCE OF HISOKI	OFFICE BUILDING, ETC.	7	JERHON SHE	ou di K.I.D. Iva.	City	di Tuwii	coomy	510.0
	22a 1 certify that (1)	(this hospital) att	anded the deceas	ed from	# -)	C 19 C	S to	5-5-19	LS that	(1) (we) las
	saw the decease	d alive an	5 - 5 -	1968, an	d that in (r	ny) (our) opin	ion deoth	accurred an the do	ate and hour	and from the
	couses stated at	oave, (I) (we) (did)	(did nat) view the	body ofter	death.	// (/				
	22b. SIGNATORE		1)		ATTENIO	INC _ AAE	n —	CTAFE 22c.	DATE SIGNED	
	Viellar	and X	Course	/75) DEGI	REE PHYS.				-9-68	
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,	NAME (Type)	man D.	Jahnsen	17.1	12	3 Jing	erly to	Va, Elk.	ten, Md	
23a.			23c. NAME OF	CEMETERY OR	CREMATORY		23d. LOCATI	ON (City ar Tawh)	(Caunty)	(State)
		5/13/68	North	East	Meth		North	East, N	id.	
24.	FUNERAL DIRECTOR	8 11			-		REGISTRAR	ASS REGISTRAR	SIGNATURE	0
	Hidks/Hom	e for Fu	nerals.	Elkton	a. Md	DATE	1.9	1000	- Car	unge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

86936

CERTIFICATE OF DEATH

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- 14	v	0.7	12	2.3

e. IS RESIDENCE ON A FARM?

Day

Dovs

COUNTRY?

YES NO T

IF UNDER 24 HRS

Haurs

INTERVAL BETWEEN ONSET AND DEATH

- Month

WAS AUTOPSY

PERFORMED?

NO

(State)

Md.

(Stote)

(County)

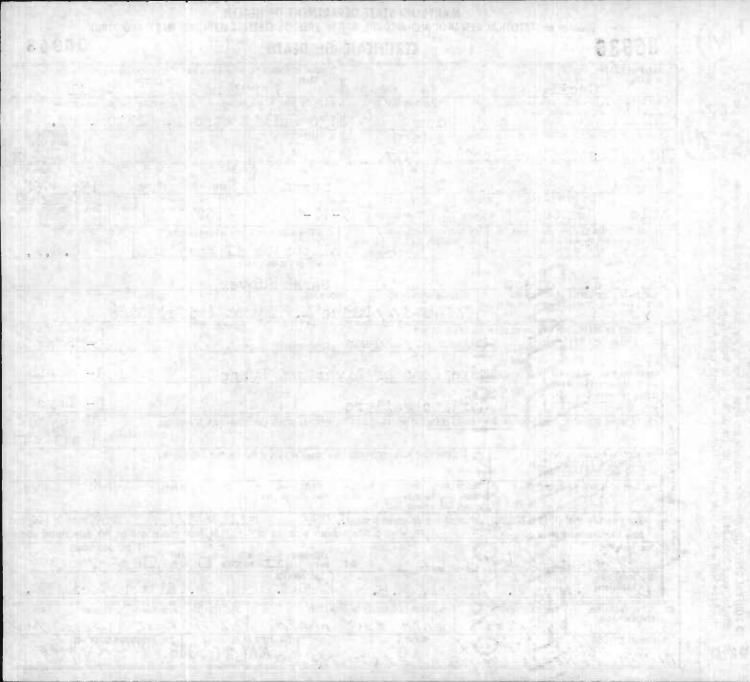
5- Days

death funeral and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH n COUNTY popers. Pages 1 of 72 hours after d Cecil Marvland MARYLAND campletely filled in by the lave carban papers. Pages b. CITY OR TOWN (If outside carporate limits, r. 1FNGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write, RURAL and give nearest tawn) 136 Maffit Street. Elkton. Life d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Hospital of Cecil County 3. NAME OF First Middle Last 4. DATE Month ₩. DECEASED OF Willard Bryson (Type or print) DEATH in any event, SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years NEVER MARRIED remave Agst birthday) Months White 9-17-05 Male DIVORCED WIDOWED and 11. BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT please during most of working life, even if retired)
Parts Salesman physician o INDUSTRY and Elkton Cecil Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remaval, Sarah Hoover Walter J. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 5 Alice E. Bryson (Wife) signed by the after burial-transit perm burial, crematian, a 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Pulmonary Edema IMMEDIATE CAUSE (a) Carcinoma of Liver and Lungs Canditions, if any, which gave rise to immediate couse (o), DUF TO stating the underlying cause prior ta the has been Cardiac Failure lost. SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ed far use af Health p CERTIFICATION this certificate 20g. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH detached te Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) factory, street, affice bldg., etc.) Nat While State at work at wark TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram 4/23 19 68 ta 19 60, that (1) (we) last 0 19 68, and that death accurred at 2:30M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR STAFF PHYS. directar, page 3 should be filed v PHYS 22d. ADDRESS PHYSICIAN'S NAME (Type) High St., Elkton Cecil Johnson 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. REMOVAL (Specify) EAST 68 NOKTH CECIL 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR

executed within 24 haurs after death the death certificate be requires that physician. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital ar attending

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FU MERAL



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06944

116393	CERTITICATE	OI DEATH		
1. PLACE OF DEATH o. COUNTY Cecil	MARYLAND	o. STATE Del.	b. COUN	New Castle
b. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest town)	c. LENGTH OF STAY IN 16 7 weeks	c. CITY OR TOWN (If outside Wilningto	e carporote limits, write RUR	AL and give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in the Union Hospital	naspital, give street address)	d. STREET ADDRESS Limestone	Acres	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Andrew First		npbell	DATE Month OF May	30, 19 88
M-1- 1111 : 1-	IDOWED DIVORCED	8. DATE OF BIRTH Mar. 30, 1892	y 13.	Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Aintenance	10b. KIND OF BUSINESS OR Chemical (o.	11. BIRTHPLACE (County & St Fair Hil	L, ML.	12. CITIZEN OF WHAT
13. FATHER'S NAME William H. Campbe		14. MOTHER'S MAIDEN NAM Rachel	Howett	
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknawn) ((If yes give wor or dates af serv	16. SOCIAL SECURITY NO. 17. Nr. 220–18–2869	informant o. Gertrude A.	Campbell, F	air Hill, Md.
18. CAUSE OF DEATH (Enter only one couse per part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line far (a), (b), and (c).) Cutchy - Rep	iratory.	Failme	INTERVAL BETWEEN ONSET AND DEATH
Canditians, if ony, which gave (b), (b)	Thy ownline	Infant	in	24 days
stoting the underlying couse (c)	Coronny 7	underse)		10 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part	l or Port II af item 18.)	
20c. TIME OF INJURY Manth, Day, Year Haur o.m. p.m. 19		ACE OF INJURY (Home, farm, tary, street, affice bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I certify that (I) (this haspita saw the deceased alive an	1) attended the deceased fram			and on the date stated abave
220. SIGNATURE	Min I. M		D. STAFF RECTOR PHYS.	22b. DATE SIGNED
	Najera, M.D.		in Street, E	Ikton, Md.
230. BURIAL, CREMATION, 23b. DATE THEREOF June 2, 1	23c. NAME OF CEMETERY OR St. Johns M.	E. Cemetery	23d. LOCATION (City or Tov	Md.
24. FUNERAL DIRECTOR PIPPIN FUNERAL HONE	reliber Elle	ton. Md. DATE JU	registrar 1968	TO THE WAR TO SEE THE PARTY OF

dedth. FO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely directar, page 3 should be detached far use as the burial-transit permit. Then please remove carbad should be filed with the State Dept. af Health prior to burial, crematian, ar removal, and in any event, with

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MARYLAND STATE DEPARTMENT OF

DIVISION OF VITAL RECORDS, 301 W. CERTIE

PRESION SIREEL, DALIIMORE, MARILAND 21201	
ICATE OF DEATH	06945

					CERTITIO	AIL OI I	PEATIT					
	CEASED-NAME	First	E PE	Middle	457.0	Last		2a. DATE OF	DEATH Manth	Davi	Vocas	2b. HOUR
(1)	(pe or print)	David	Ha	milton	Cl	ayton		Ma	y	18	1968	3 72 A
3. SEX			4. RACE			S. DATE OF BIR	TH	. 0. //	6. AGE (In ye		MONTHS DAYS	HOURS MI
	Male		Wh	ite		FEB,	9,18	84	last birthday	YRS.	MONINS DATA	NOUKS MI
70. B	IRTHPLACE (Stote	e or foreign	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	NEVER MARR	RIED S	. COUNTY OF	DEATH	-		
coun	IN) MO	d.	1)	A	WIDOWED			Cecil				
	TY OR TOWN OF	DEATH		AME OF HOSPITAL OR IN	STITUTION (If n	at in haspital			(Kind of work			F BUSINESS OR
I	Elkton		give	street, address)	C LA	NE	duringmo	st of working	ife even if re	fired.)	INDUSTRY	416
				ian: Residence befare	13c. CITY OR		3d. INSIDE CITY LIM	2 4	REET AND NUM			
odmis	ssian) STATE	Maryla.	nd3b. COUNTY	Cecil	Elkt	on	YES NO	X L	ANDIN	6 6	ANE	
14. F.	ATHER'S NAME	First	Middle	Last	15	. MOTHER'S MAI	DEN NAME Fir	rst	Mi	iddle	P4-1-07-0	Last
	カ	4010	C	LAVTON	1	E	LLA		1	(AK	SHA	-66
16a.	WAS DECEASED	EVER IN U.S. ARA	MED FORCES? var or dates of service)	16b. SOCIAL SECURITY	NO. 17.	NFORMANT	110	111.11		dress	,	10/
T	es, na, onunknov	NU) (II Aez Bios A	var or dates of service;	NONE	/	MARY	V.C	L/441	TH	ELL		Ma.
	18. CAUSE OF	DEATH (Enter on	ly ane cause per li	ne far (a), (b), and (c)	1.)		1124					IMATE INTERVAL ONSET AND DEATH
		ATH WAS CAUSE		Cardio V		ar Fai	lure				20	min.
	441	. 2	112 01032 (0)	AS A CONSEQUENCE OF				5 7 14		4 1-14		
		nγ, which gave)		Internal		rrhage					TI	week
	rise to immed stating the un	iate couse (a),	DIE TO OR	AS A CONSEQUENCE OF							2.2	
	last. 4 - 7	X Coose	(c)	Rupture	of An	eurism	of A	bdomi	nal Ac	orta	lda	ау
	PART 2. OTHER	SIGNIFICANT COL	NDITIONS CONTRIBU	ITING TO DEATH BUT N	IOT RELATED TO	THE TERMINAL	DISEASE OR CO	NDITION GIVE	N IN PART 1(a)			
z	Genera	lized	Arteri	Sclero	sis w	ith A.	S.Car	dio Va	ascula	ar D	iseas	е
CERTIFICATION	19a. DATE OF OP	ERATION 19b.	CONDITION FOR WH	IICH OPERATION WAS PI	ERFORMED	20a. AUTOP	SY?		YES, WERE FIN	DINGS CO	NSIDERED IN C	ERTIFYING
TE						YES [NO NO	CAUSES	OF DEATH?			
		WAS UNDERLYIN				OW INJURY OCCU	JRRED (Enter	nature of inju	y in Part 1 or	Part 2, Ita	em 18.)	
MEDICAL		wedical exami		Manth Day Year	9							
	21d. INJURY O	CCURRED 21e.		AT HOME, FARM, STREET, FA	(CTORY.) 21f. LC	CATION Street	ar R.F.D. Na.	City	ar Tawn		County	State
	While Not	wark -			,	. /72/6	2		- 1-0			
	22a. I certif	y that (I) 体	ita_(babiqaoikai	ended the deceas	ed from	+/ 13/ 0	5 , 19_	, to	2/10	, 19_	oo_, that	t (I) (we) lo
	saw th	e deceased a	live an) 2-	to - view the	19 <u>00</u> , an	d thot in (my) (our) opir	nion death o	occurred an	the dot	e and hour	ond from th
	22b. SIGNATURE		e, (1) (se) (did)	bond bond alea me	body offer	aeom.			- 1300	1 22c D	ATE SIGNED	
	ZZU. SIGINALIKI	11/1/1/	1115	c Mi	D DEGR	ATTENDING		ED. RECTOR	STAFF PHYS.	1 5	ATE SIGNED	8
	22d. PHYSICIAN	'S	1000		, DEOF	22e. ADDR		KECTOR -	PH13.		100	
	NAME (Typ		s M. Cu.	za, M.D.				ecil .	Ave N	Vort	h Eas	t, Md.
230	BURIAL CREMAT				CEMETERY OR				ON (City or Tow		(County)	(State)
200.	REMOVAL Speci			68 EV	MADIN	CEM	Freku	ELA	TON		216	md
24.	FUNERAL DIRECT	OR OR	1 11/1	ADDRES!	5 EI	16-00	2Sa. REC'D BY	REGISTRAR		SISTRAR'S S	SIGNATURE	4.0
P	NIDOIN	EUNIERA	Heris 1	(and)	er = 1	V1 4 017	66 A A	Y 21	1968	fille	arles &	noge

dnd 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. ter death. Truneral hours 2 VITTER 7 **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campleted director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon, shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, with

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Decir Av., Foots Sara Ma			
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06946

CERTIFICATE OF DEATH

	-										I av
1. DECEASED-NAME (Type or print)	First		Middle		Last		2a. l	DATE OF DEATH	Pos	Year	2b. HOUR
(. (po o. p)	Jam	es	Hull	F	Illiot	t		May	,	1968	9:00 M
3. SEX		4. RACE		S	. DATE OF B		0-0	6. AGE (In ye		IF UNDER 1 YEAR	1F UNDER 24 HRS. HOURS MIN.
Male			White	15.9	June	24, 1	898	69	YRS.	ORINS ORIS	HOURS MIN.
7o. BIRTHPLACE (State	or foreign	7b. CITIZEN OF WI	AT COUNTRY?	8. MARRIED	NEVER MA	RRIED	9. COU	NTY OF DEATH			
country) Illin	nois	U. S.	A.	WIDOWED	_	RCED 🗍		Cecil			Mo
10. CITY OR TOWN OF			AME OF HOSPITAL OR INS	TITUTION (If not	in haspital			PATION (Kind af wark vorking life, even if re		12b. KIND OF INDUSTRY	BUSINESS OR
Perry Pot			Hospital							Const	ruction
13a. USUAL RESIDENCE admission) STATE Virgi		ed lived, if institut	ian: Residence before ington	13c. CITY OR T		13d. INSIDE CITY YES XX N		3807 N.C		rbrook	Road
14. FATHER'S NAME	First	Middle	Lost	115.	MOTHER'S M	AIDEN NAME	First	M	iddle		Last
	Edward	R.	Elliott								
16a, WAS DECEASED EV	ER IN U.S. ARA	NED FORCES?	16b. SOCIAL SECURITY N	O. 17. IN	FORMANT			Ad	dress	GOE I	
Yes, na, ar unknawn	(If yes give w	ar or dates of service)	213-38-92	31 VA	Host	ital F	Recor	rds, Perry	Poir	t. Mar	vland
					4 11007	1	10002			APPROXII	MATE INTERVAL
	TH WAS CAUSE	BY:	ne for (o), (b), ond (c).)		Eml	-34	D: 1.	tomol			den
1151	IMMEDIA	(i)	Massiwe Pu	Tmonar	A Temi	3011,	DIT	ateral		Suu	den
4	0		S A CONSEQUENCE OF		- 14			1			
Conditions, if any			Phlebothro	mbosis	of	deep 1	eg 1	veins			
stoting the unde		DUE TO, OR A	AS A CONSEQUENCE OF								
last.)	(c)									
PART 2. OTHER S	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)										
x 463	463 X					N		Jane 1			
19a. DATE OF OPER	ATION 19b.	CONDITION FOR WH	ICH OPERATION WAS PER	RFORMED	20o. AUT			20b. IF YES, WERE FIN CAUSES OF DEATH?	IDINGS CON	ISIDERED IN CE	ERTIFYING
RIFE					YES [NO [CAUSES OF DEATHS			
19a. DATE OF OPER 19a. DATE OF OPER 19a. ACCIDENT W 17 OF CONTRIBUTING (If either, natify)				21c. HOV	V INJURY OC	CURRED (Ent	er nature	of injury in Port 1 or	Part 2, Ite	m 18.)	
OR CONTRIBUTING			Month Doy Yeor								
ZIO. INJUNI OCC	URRED 21e.		AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.		ATION Stre	et or R.F.D. No	a.	City or Town		County	State
While Not w	ork VA					00.106			10.7	O	
22a. I certify	that (1/ X1)	Khaspital) att	ended the decease	d fram NO	vember	23 195	,לכ	to May 12		2Q, XIXI	CATXIXAXIXIA
canses s	tated abave	e, (Iche) (did)	(did not) view the b	pady after de	eath.	abla (ont) ab	olnion c	leath accurred on			ana tram in
22b. SIGNATURE	PI	Maria	2. 20	DEGREI	ATTENDI PHYS.	ING	MED. DIRECTOR	STAFF NHYS.		TE SIGNED 13,	1968
22d. PHYSICIAN'S	M.L.	HLOOP	Wy . M.	J. DEUKEI	22e. AD		DIKECIUR	. — гпіз.			
NAME (Type	A. L.	MOONEY	, MD.		VA	Hospit	tal,	Perry Poi	nt, N	1d.	
23a. BURIAL, CREMATIO		DATE	23c. NAME OF C				23d.	LOCATION (City or Tow		(County)	(Stote)
REMOVAL (Specify			Ivy	Hill C	emete:	ry		Alexand	iria,	Virgi	nia
24. FUNERAL DIRECTOR	Walter	7. Walk	ADDRESS		JANGE	2Sa. REC'D			ISTRAR'S SI		4.0
WITITAM	W. CUI	VININGHAM	FUNERAL HO	ME -Al	ex. Va	DATE NA	3Y. 1	55 194585	HUS HO	CONTRACT NO	7

peral TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. Beoth. the **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician ond completely filled in by the director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove carbon papers. Per should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in ony event, within 72 hours.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

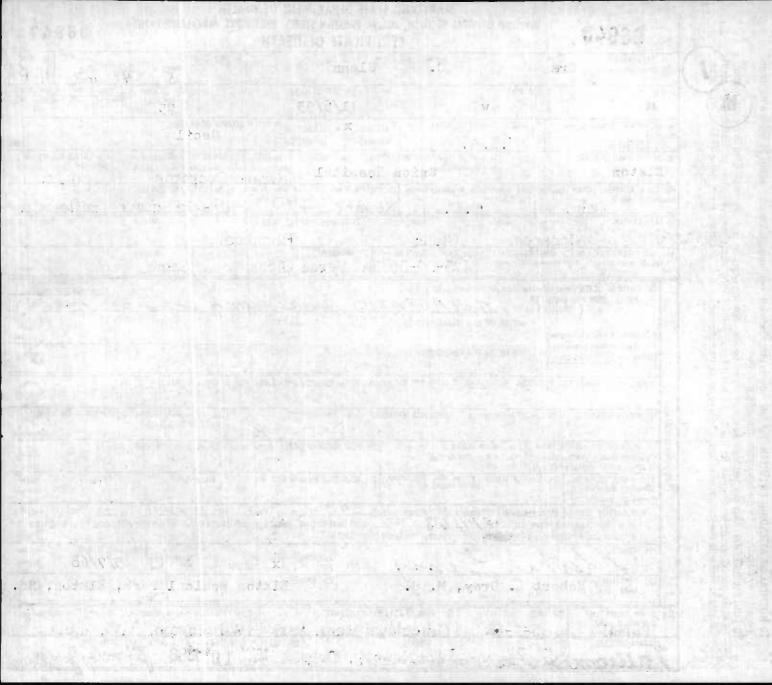
(1)	CEASED-NAME ype or print)	Ora		Mic	ldle •	Gle			20.	DATE OF	Mont.	1		year 8	11	HOUR :45
3. SE	m m		4. RACE	W			1/6/9				6. AGE (I		MONTHS	OAYS	HOURS	R 24 HRS.
coun	IRTHPLACE (Stote or try)	foreign	7b. CITIZEN OF U.S		(?	8. MARRIED [WIDOWED	NEVER MA	RRIED 🗌	9. CO L	UNTY OF Ce	DEATH					M
	ity or town of dea Elkton	(TH	11 gi	NAME OF HOSP ve street oddres	Unio	n Hosp	oital	during r	most of v	working One	(Kind of life, even	if retired.	le 12b. IND	KIND OF USTRY		S OR
odmi		la.	13b. COUNTY	N.C.	-1	13c. CITY OR Newa	rk		NO		ple S	Squa	re_T	raile	er (Ct.
	ATHER'S NAME WAS DECEASED EVER	Alena			Lost enn security i		MOTHER'S N	Eliz		th		Middle			Lost	
Y	es, no, or unknown)	(If yes give w	ar ar dales of service)			635A		a Gler	n		Sar			ANNEAU	MATE INTE	PULL
	18. CAUSE OF DEA' PART I, DEATH Conditions, if ony, rise to immediate stating the underliast.	was CAUSEI IMMEDIA which gove couse (o), ving couse	D BY: ATE CAUSE (o) DUE TO, O (b)_ DUE TO, O (c)_	METER R AS A CONSEG R AS A CONSEG	UENCE OF	ATIC							6.	BETWEEN O	NSET AND	OEATH Z
CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO CAUSES OF DEATH?						SS CONSIDE	RED IN CI	ERTIFYIN	√G						
MEDICAL CERT	21o. ACCIDENT WAS OR CONTRIBUTING [(If either, notify me 21d. INJURY OCCUR	cause of OEAT dicol exomi	HOUR A.	M.	Ooy Yeor	9		COURRED (En			ry in Port	1 or Port	2, Item 18			Stote
	While Not while of work of wor	nat (I) (th		attended the	decease	ed fram_===	9 JAI d that in (r death.) (19.	G&_, pinian	ta_/ death	No.		22c. DATE SI	IGNED	(I) (v and fr	ve) la: om th
230.	22dPHYSICIAN'S NAME (Type) BURIAL, CREMATION REMOVAL (Specify)			23c.	NAME OF	DEGR	22e. AD	DRESSELK	23d.	Med.	ON (City o	r Town)	(Cou	lkto	(Stot	
24.	REMOVAL (Specify) BUT1al EUNERAL, DIRECTOR	. /	5-7-68	au ack	ADDRESS	<u>lawn N</u> ewark		2So. REC'D	BY REG	ISTRAR	ingto 1968	REGISTRA	AR'S SIGNAT	De TURE		e.

VR A15 (4) 30M REV. 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. should be filed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 hai



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er death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

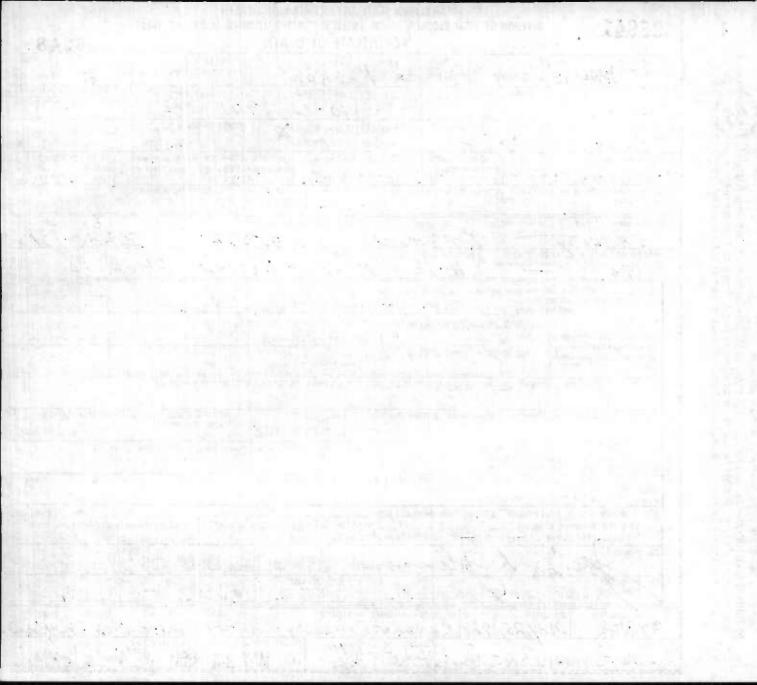
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MADVIAND CTATE DEDADTMENT OF HEALTH

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NOISIVI	OF VII	TAL REC	CORDS,	301 \	N.	PRESTON	STR	REET,	BAL	TIMORE,	MARYLAND	2120
			- 1	CDT	IC	CATE ()E	DEA	TH			

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		421111141	TIE OF BEITTI			,	
	CEASED-NAME First // type or print) PAULINE Sister	Saphronaa KA	last 20.	DATE OF DEATH Month Doy 22	68 10	HOUR PM	
3. SE	X 4. RACE		5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	R 24 HRS.	
	Female V	J	10-13 190	676 YRS.	MONTHS BATS HOOKS	Mility,	
	IRTHPLACE (State or foreign 7b. CITIZEN OF V	VHAT COUNTRY? 8. MARRIED	NEVER MARRIED 9. COL	JNTY OF DEATH			
cool	POLANU UJ	A WIDOWED		Cecil		Md.	
	dive	NAME OF HOSPITAL OR INSTITUTION (If not e street address)	in haspital 12a. USUAL OCC	UPATION (Kind of work done working life, even if retired.)	12b. KIND OF BUSINES	S OR	
	lesapeake City	St. Basil	Orph. Nun	1	Chur	ch	
	USUAL RESIDENCE (Where deceased lived, if institutions) STATE 13b. COUNTY	ution: Residence before 13c. CITY OR 1 Cecil Chess	WEET 110	13e. STREET AND NUMBER			
14. 1	ATHER'S NAME First Middle	Last 15.	MOTHER'S MAIDEN NAME First	Middle	Last		
	GREGORY	TASKOW	EWDOH,	IA Z	-ABROTS	KL	
	WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, Munknawn) (If yes give war or dates of service)		FORMANT	Address	1 71		
	es, iid, pilotkijowii)	NONE KO	DAVENT KEC	ORDS PHIC			
	18. CAUSE OF DEATH (Enter anly one cause per				APPROXIMATE INTER		
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Acute Cardia	c fallure -	one day	One Da	y	
		AS A CONSEQUENCE OF					
	Canditions, if any, which gave hise to immediate cause (a), (b)	Pulmor	nary Edema		One Da	y	
	stating the underlying cause DUE TO, OR	AS A CONSEQUENCE OF	ertension				
	last. (c)	V =		Day Alley as Biot of S			
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITI	ION GIVEN IN PART I(a)			
NO	10- DATE OF OPERATION 1105 COMPUTION FOR W	MICH ODED ATION WAS DEDECOMED	20g ALITOPEV2	2016 IE VES WEDE FINDINGS (ONSIDERED IN CERTIEVIN	IG.	
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO (CAUSES OF DEATH?) 21a. ACCIDENT WAS UNDERLYING 12b. TIME OF INJURY 12c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.							
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATN (If either, notify medical examiner) 21b. TIME HOUR A.M P.M	. Manth Day Year	W INJURY OCCURRED (Enter natur	e af injury in Part 1 ar Part 2,	Item 18.)		
MED		(AT NOME, FARM, STREET, FACTORY.) 21f. LOC OFFICE BUILDING, ETC.	ATION Street or R.F.D. No.	City or Town	County	State	
	22a. I certify that (1) (this haspital) at	tended the deceased from 5/	21 , 19.68 ,	to 5/22 , 19	68 , that (I) (v		
	saw the deceased alive ancauses stated abave, (I) (we) (did	1/22 1968, and	that in (my) (aur) apinion	death accurred on the do	ite and haur and fr	am the	
	22b. SIGNATURE	Jelin so POEGRE	E PHYS. MED.	STAFF	DATE SIGNED		
	22d. PHYSICIAY'S NAME (Type) James L. Jo	Shnson M.D.	22e. ADDRESS 215 E. Hip	h St., Ellete	on, Md.	Ē.	
236	BURIAL, CREMATION, 23b. DATE	23c. NAME OF CEMETERY OR C		LOCATION (City or Town)	(Caunty) (Stat	e)	
	THEMOVE (SPECIAL) MAY 25.1	968 CONVENTCI	ENETERY /	FOX CHASE 1	MONTGY 7	A	
24.	FUNERAL DIRECTOR	ADDRESS EL4	250. REC'D BY REG	1000 401			
P	IPPINFUNERAL HOME	though ble 1	DATE MAY	2 4 1968 gcc	carles Judg	7	



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W.

PRESTON STREET, BALTIMORE, MARYLAND 21201

FICATE OF DEATH		069	49
Last	20. DATE OF DEATH		2b. HO

	00030			CEKIIFI	LAIE OF DEAL	П			100	40	
	ECEASED-NAME First		Middle		Last	20. DA	TE OF DEATH			2b. HOL	
(1	(ype or print)	HUR	C	K	EECH		May Month	5 19	68	5:4	59
3. SE		4. RACE	United Building		S. DATE OF BIRTH		6. AGE (In years	IF UNDER		IF UNDER 24	HRS.
	Male	1 3	White		July 6.	1895	last birthday)	rrs. Months	DAYS	HOURS	MIN.
	BIRTHPLACE (State ar fareign	7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED X	9. COUNT	Y OF DEATH		- 1		
(OUI	Marvland	17440	U.S.A.	WIDOWED			Cecil				Md
10. (ITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR II				TION (Kind of work do			USINESS OR	
	Perry Point		VA Hospital	Perry	Point,	most of wor	rking life, even if retire	id.) INDU	SIKY		
	USUAL RESIDENCE (Where deceo-	sed lived, if i	nstitution: Residence before			1.0	Be. STREET AND NUMBER		7.72		
dum	Maryland	13D. COU	Cumber land	Cumbe	rland YES tex	NO	674 Fayet	te Str	eet		
14.	FATHER'S NAME First		ddle Last		5. MOTHER'S MAIDEN NAM	NE First	Middle	Э		Lost	
	Hayden		Keec		Unkno	own					
160	WAS DECEASED EVER IN U.S. ARI 'es, no, ar unknawn) (If yes give y	MED FORCES? war or dates of sen		-	INFORMANT		Addres				
	Yes W		217-48-2	065 V	A Hospital I	Record	s, Perry Po	oint,	Md.		
	18. CAUSE OF DEATH (Enter or		per line far (o), (b), ond (c).}				В		ATE INTERVAL SET AND DEATI	Н
	PART 1. DEATH WAS CAUSE IMMEDI	ATE CAUSE (o)	Septice	emia					1 mc	onth	
	394.9		O, OR AS A CONSEQUENCE OF	heat	erial endoca	md1+1e	mitrel ma	Type	7-9	2 mos	
	Conditions, if only, which gave rise to immediate cause (o),	(b)		STIGT GUOCG	TOTOTA			.12	_ mos	,
	stating the underlying couse	DUE TO), OR AS A CONSEQUENCE OF					me /	- 4		
	last.		Broncho	oneumo	nia, both lo	wer lo	bes, aspira	tion/	1-6	2 mos	_
	PART 2. OTHER SIGNIFICANT CO										
NO			of right oc			co subc	lural hemat	omia	D IN CED	TIEVING	
MEDICAL CERTIFICATION	19a DATE OF OPERATION 19b.	CONDITION F	OR WHICH OPERATION WAS P	EKFORMED	20a. AUTOPSY?	10	Ob. IF YES, WERE FINDIN AUSES OF DEATH?	G2 CONSIDERE	D IN CER	IIFTING	
ERTIF	210. ACCIDENT WAS UNDERLYII	NC Ton T	THE OF BUILDING	[01]	UE-78		/ · · · · · · · · · · · · · · · · · · ·	+ 0 . It 10.1			
AL C	OR CONTRIBUTING CAUSE OF DEA				OW INJURY OCCURRED (E	inter nature o	r injury in Part I at Por	1 2, Item 18.)			
AED10	(If either, notify medical exami			19	OCATION C DCD	N.	C3 7	Count		State	_
-		. PLACE OF IN	JURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	217. L	OCATION Street or R.F.D.	NO.	City or Town	Count	1	31010	,
	22a. I certify that (I) (th	7A	N assembled she decom		May 28 10	026 to	Mar 5	19_68	WWW	UTVTVCVT	/DVS
	xsioixxbexbeeecocks	digazanea:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	there, ar	d that instructed (our)	apinion de	oth occurred on the	e date and	hour a	nd fram	the
	couses stoted obov	extitix(we)	(did) (didnet) view the	body ofter	death.						
	22b. SIGNATURE	200			ATTENDING	MED.	CTACC	22c. DATE SIG	NED	101	
	U.L	. VVIC	soney m	DEG.	REE PHYS.	DIRECTOR	PHYS.	5-5	> - (08	
	22d. PHYSICIAN'S NAME (Type) A T	MOORT	BY W DO		22e. ADDRESS	-24-7	D . D .				
,	44. D		EY, M.D.				Perry Poir		rylar		
23a.	DEMOVAL (Spacific)	DATE	60 235 NAME OF	CEMETERY OF	EREMATORY T	23d. 10	OCATION (City or Town)	(Coun	my) h	(State)	
24	FUNERAL DIRECTOR	1101	ADDRES	5 1100	250 DEC	D BY REGISTR	AR 25h REGISTR	RAR'S SIGNATU	IRF O	7	
(unnist n	en /-	thre de to	race	Mad DATE	MAY	9 1968	Milar		mige	-
1	11	1 1			DAIL	fatter				•	

hours after deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers—Pages—Land shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after deot **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after deat Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06950 CERTIFICATE OF DEATH 1. DECEASED-NAME First lost 20 DATE OF DEATH Middle 2b. HOUR requires that the death certificate be executed within 24 haurs after death. deat (Type or print) funera Theodore Kettering 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years lost buthday) MONTHS White 6-27-15 Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) USA WIDOWED T DIVORCED [12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) **INDUSTRY** Perry Point, IMd. Hospital 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? Maryland 13b. COUNTY odmission) STATE Baltimore YEST NO 3219 Kessler Rd. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle First Lost and 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY-NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 212-16-3571 VA Hospital. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH VOCardial IMMEDIATE CAUSE (o) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF the Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been Health priar ta one 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. 1F YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? TENDING PHYSICIAN: The YES [NO L None Page 4 may be retained by the hospital ar O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram . 19____, ta____ . 19____, that (I) (we) last and that in (my) (aur) apinian death accurred on the date and haur and fram the saw the deceased alive an_____ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE? 22c. DATE SIGNED DEGREE directar, page 3 PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 230. BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) BALTO. OAK LAWN MO

30M REV. 1468

24. FUNERAL DIRECTOR

REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06944

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	(Type or Print)				70.1		2	OF ESTI-	3	Day Year	2b. HOUR
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3. 9			5. DATE OF BIRTH	6. AGE (In last birth	day) MONTHS	DAYS HOURS	MIN.	2c. DATE PRONOUNCE Month		Year	2d. HOUR
_	Male	White	Dec.1,191		YRS.			Month	26	19 68	3:20
	BIRTHPLACE (Stat		7b. CITIZEN OF WHAT CO	OUNTRY? 8.	-	VER MARRIED		TY OF DEATH			
10	CITY OR TOWN O	Jersey	U.S.A.	OF HOSPITAL OR INSTIT	WIDOWED	DIVORCED	Cec			101 KIND OF BUS	Md.
			give street	OF HOSPITAL OR INSTIT address)				UPATION (Kind of v warking life, even i		12b. KIND OF BUSI	
_	redrickt			0 11 11 12	None		uranc	varking life, even i Ce Agent 13e. STREET AND NU	,	Inst	urance
130	odmission) STATE	cc (where deced	ised lived, if institution:	: Kesidence before 134	Upper Pe	nns YES					
	FATHER'S NAME	First	Middle	Len l	Neck	R'S MAIDEN NAME		397 Pine			
14.	FAIREK 3 NAME	David		Kille	IS. MUTHE				iddle	last	
14-	MAC DECEACED EV	/ER IN U.S. ARMED			Liz WEODIN		Flore		rec TToo	Gibson	
	Yes na, or unknay		a common distance of a contract	SOCIAL SECURITY NO.	17. INFORMA		17. 00			er Penns	
	1			16-05-7692	MIS. L	olis Kil	rre,35	7 Pine S	E; 10	ownship,	
	18. CAUSE OF	DEATH (Enter or DEATH WAS CAUSE	nly ane cause per line fo					1		BETWEEN ONSET	
	1 1/1	IMMEDI	IATE CAUSE (o)	YOCARDI	AL L	WPARC	Tron)			
	4/0	my, which gove		A CONSEQUENCE OF	-	7				27	P.
		liate cause (a),	(b) CC	RONAMY	10	ROMBO	SES			? Kw l	row
	stating the un	derlying couse		A CONSEQUENCE OF	Ca	CAMANI	1100		A . C	3	242
			(c) 1,8	TEMOSCL					DIS.	290	208.
	PART 2. OTHER	SIGNIFICANT CON	DITIONS CONTRIBUTING 1	TO DEATH BUT NOT REI	ATED TO THE TER	MINAL DISEASE OR	CONDITION	GIVEN IN PART 1(0			
NO	19g. DATE OF C	MOLTATION	101	. CONDITION FOR WHIC	U ODERATION					20. AUTOPSY	10
R	170. DATE OF C	PERATION	170.	WAS PERFORMED?	n OPERATION						
CERTIFICATION	21g. EXTERNAL	CALISE WAS	215 TIME OF INITI	RY Month, Day, Year	21c HOW IN	ILIDA OCCIIDAED (E		of injury in Part 1	D 0 14	YES T	NO NO
	PRIMARY 0	R CONTRIBUTING	HOUR A.M.	1	ZIC. HOW IN	OKT OCCORRED (E	mer nature	at injury in Part I	ar Part 2, It	em 18.)	
MEDICAL	21d. INJURY OC		PLACE OF INJURY (At ho	5/2619 68	215 LOCATION	Street or R.F.D. No		City on Taylor		County	Cana
-	WHILE N		actary, office building, et		ZII. LOCATION	Sireer or K.r.D. NC	0.	City ar Town		County	State
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			took charge of the re					-	nquiry 🔀	ond in my	y apinian
-	death re	sulted from:	Noturol causes	Accident L	, Suicide	, Homici	de 🔲,	Undetermined	monner		
	ACTUAL	A.D.	All 1	11111	4	CHIEF MEDICAL	L EXAMINER				
×	SIGNATURE _	gun	404	- my wor 1	M.I	D. ASSISTANT MED			22b. DATE	SIGNED	
	EXAMINER'S	Daland	do A. Najer	M D		DEPUTY MEDIC			- 5	56/68	-0.1 4.0
	NAME (Type)							n, ar county) 105			
230	BURIAL, CREMA REMOVAL (Spec	ify) 23b.	. DATE y, 29, 1968	23c. NAME OF CEM				OCATION (City or To	,	- 11	tate) J
_	FUNERAL DIRECT		1,29,1900	ADDRESS	Cemerer		D BY REGIS	dstown,			
		ellows &	& Son h	dillington	Md-216			1000	Fills	SIGNATURE ()	10
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00025 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. eath.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21203

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	CER	TIF	CATE	OF	DEA	TH	

Maryland

Stote

County

610000				CENTIFICATE OF DEATH	30000000			
1. DECEASED-NAME	First		Middle	Lost	20. DATE OF DEATH		2b. 1	HOUR
(Type or print)	Char	les	W.	LINN	Month May 2	7, 1968	2:	30
3. SEX		4. RACE		S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER	
Male		White		10-5-94	lost birthday) 73 YRS.	MONTHS DAYS	HOURS	MIN.
7o. BIRTHPLACE (Stote or fo		CITIZEN OF WHAT C	OUNTRY?	8. MARRIED T NEVER MARRIED	9. COUNTY OF DEATH			
Shade Gan.	Pa	II.S.A		WIDOWED TO DIVORCED	Cecil Country			Mc

Snade Gap, Pa. U	.S.A.	MIDOMED X DIAOK	(CED	Cecil	County	
	11. NAME OF HOSPITAL OR INS		120. USUAL OCCU			12b. KIND OF BUSINESS O
Perry Point	give street oddressVA Ho	spital	during monof y	vorking life, eve	n if retired.)	INDUSTRY
13o. USUAL RESIDENCE (Where deceosed lived, if	nstitution: Residence before/	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND	NUMBER	
admission) STATE Penna 13b. 60	Ny ladel ship	Dhile	YES NO	810	Delray	St

810 Delray St. Philadelphia Penna Phila Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Samuel Linn Lucinda Renieker

160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Address Yes, no. or unknown) 716-07-25-34 VA Hospital Records - Perry Point.

1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia, bilateral IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove Pulmonary embolus of Right Lung, massive rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)

21e. PLACE OF INJURY

21d. INJURY OCCURRED

190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 3 NO [

21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Dov Yeor (If either, notify medical examiner)

AT HOME, FARM, STREET, FACTORY, While Not while ot work 22a. I certify that (\$\frac{1}{2}\$ (this haspital) attended the deceased fram

21f. LOCATION

and that in (my) (aur) apinion death occurred on the date and haur and fram the

Street or R.F.D. No

City or Town

22b. SIGNATURE ATTENDING MED. STAFF PHYS 5-27-0								
OLICION TO DIRECTOR TO THIS.	22b. SIGNATURE	a.L. Moon	M. DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	x	22c. DATE SIGNED 5-27-68

PHYSICIAN'S 22e. ADDRESS L. MOONEY VA Hospital NAME (Type) - Perry Point, Maryland

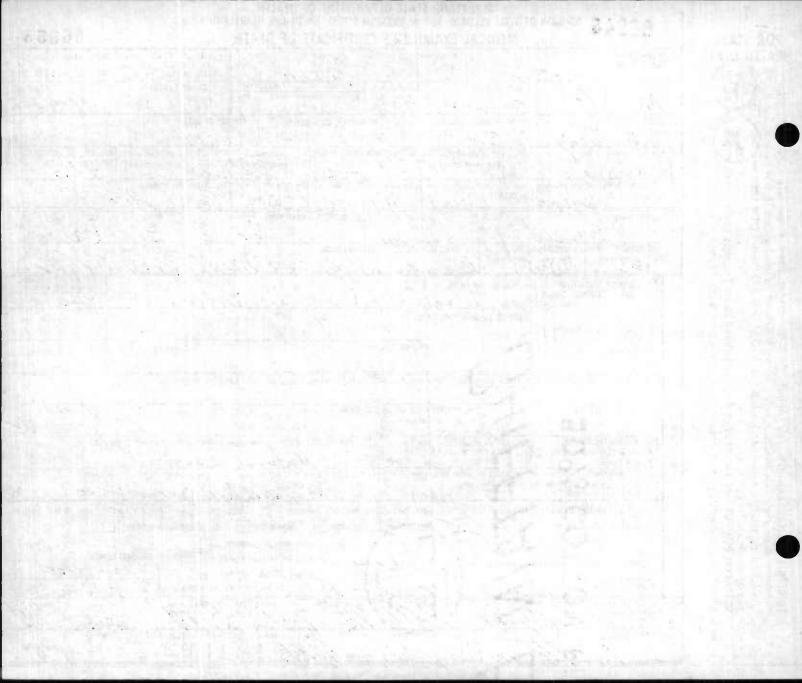
230. BURIAL, CREMATION, B. REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (County) (Stote) Sunset Memorial Park Somerton Penna May 29. 1968

1988 REGISTINES LIGHTOR FUNERAL DIRECTOR HOME 18

physician and campletely filled in by remave carban papers. n any event, within 72 h burial, crematian, or remaval, and in signed by the attending burial-transit permit. Th attending physician. O FUNERAL DIRECTOR: After this certificate has been Dept. of Health priar to as the be retained by the haspital ar be detached far State | director, page 3 should should be filed with the

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0/ 1		MARYLAND STATE DEPARTMENT OF HEALTH	
		DEDICE DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	A COPO
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06953
HEALTH DEPT.	1. D	CEASED-NAME First Middle Last 20. DATE KNOWN Month OF ESTI-	Day Year 2b. HOUR
S 5 8 12		Hongthan E. Math Death MATED 7-	10- 1968 9 A.M
deloy	3. S	lost highly Manufas Case House Min	Year 2d. HOUR
Pw.		2-86-1895 12 YRS. 3- 18	1968 9.5 am
2 2	7a.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
S 6 8		"New lacky US/7 WIDOWED DIVORCED Ceci/	Md.
Give Poges of the Trong With To the Trong of	10.	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital during/mest of working life, even if retired.)	12b. KIND OF BUSINESS OR
ive Prive Pr	10	cecil the Relined	161.6
s ofter 18. Give olong with the deoth.		Imission) STATE // VI3h (OIINTY)	
2	14 5	ATHER'S NAME First , Middle Last Is. MOTHER'S MAIDEN NAME First Middle	
	14. 1	Feder 3 1 - Modele Marie 1151 Motorek's Maluele Name 1151 Middle	Dadost.
hin 24 ncil in niner's pages hours	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Daniel
I within 2 n pencil ii Examiner File page:		es, no, or unknown) (If yes give war or dates of service) Unknown 1/100 1016 & Manual Formal	1.110 ml.
d with per Exam File n 72		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL
d be executed a "pending" in Chief Medicol Estronsit permit. Fi	7	PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
e execuipending ef Medic		1 IMMEDIATE CAUSE (o) REPERIOSCIEVA) (2 7/27 DISESSE 4/29 DUE TO, OR AS A CONSEQUENCE OF	7007
be exe "pendi nief Me onsit pe event		Conditions, if any, which gave	
vord he Chi		rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ertificate should be executed writing the word "pending" ir warded to the Chief Medical I sed as a burial-transit permit.		lost.	
6 t t		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
fica ring rdec as as	z	4200	
s certificate e, writing th forwarded t used as o emoval, and	ATIO	196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This certific ficote, writin be forward or or removal,	CERTIFICATION	WAS PERFORMED?	YES NO
		210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Mgnth, Day, Year HOUR A.M. 9 4.77.	em 18.)
NER: Ti certifice hould bould boiles. should l	MEDICAL	CAUSE OF DEATH P.M. 3-10-19 E8 Natural C24525	
33 + 8	W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, foctory, affice building, etc.) 21f. LOCATION Street or R.F.D. No. (ity or Town foctory, affice building, etc.)	County State
ICAL EXAM to execute the formal formal formal for your CTOR: Page 4 burial, crem			Cecil wy
Xeca Xeca Por for OR: riol,		22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection Inquiry	and in my apinian
Sic. se e ctor ctor ctor ctor ctor ctor ctor ctor		death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner	
pleose direct direct posseretoine DIRECT por to be to	-	ACTUAL CHIEF MEDICAL EXAMINER C	
JTY SIC.	13	SIGNATURE	SIGNED
DEPUTY Blose seessory, pleose the funeral direct may be retoine FUNERAL DIRECT FUNERAL DIRECT TO BLOSE	1.9		
o DEPUTY necessory, pleose of the funeral directo 5 may be retoined o FUNERAL DIRECT Health prior to bu	22-	A TELLIFICATION OF THE PROPERTY OF THE PROPERT	
5 - + 2,5 +	230	BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OF FREMATORY 23d. LOCATION (City of Town)	(Caunty) (State)
N	24	FUNERAL DIRECTOR ADDRESS ADDRESS 220. REC'D BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25b.	SIGNATURE L
VR A15ME (5)			carles Judge
10M REV. 1/68	/	Welf fulferen romplerentelle, mai It 1000	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 6954 uneral and 2 death. 1. DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR 200 (Type or print)-Month 2/ Doy 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 4. RACE S. DATE OF BIRTH MONTHS DAYS HOURS W 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED CFCII DIVORCED [WIDOWED X filled within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY during most of working life_even if retired.) give street address) remove carbon ERATOR campletely event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO in any 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Lost physician and en please pup SOCIAL SECURITY NO. 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? -01-570 Yes, no, or unknown) remayal, 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) Arterioxclerotic Heart Disease. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Aearteriodel ntin H a D a permit. P IMMEDIATE CAUSE (o) crematian, DUF TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove Myocardial Infarction 6 hours rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) priar ta l attending as the O FUNERAL DIRECTOR: After this certificate has been Shock due to Myocardial infarction. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO D use af Health O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Stote City or Town County OFFICE BUILDING, ETC While Not while at work State 19/05, to 201 22a. I certify that (1) (this haspital) attended the deceased fram. ___19_60, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an 11 Mas should causes stated above. (1) (vva) (did) (did not) view the bady after death. director, page 3 sho shauld be filed with 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF DEGREE DIRECTOR PHYS. PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (Stote) (County) 23o. BURIAL, CREMATION ARLEIGH CAMDEN REGISTRAR'S SIGNATURE REC'D. BY, REGISTRAR 250. VR A15 (4) leavelon 30M REV. 1/68

law requires that the death certificate be executed within 24 hours after death

ATTENDING PHYSICIAN: The

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2n. DATE OF DEATH (Type or print) William MC KELVY N. S. DATE OF BIRTH 3. SEX 4 RACE 6. AGE (In years White Male last birthday) 1-24-00 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH the death certificate be executed within 24 hour 8. MARRIED NEVER MARRIED country) New York U.S.A. WIDOWED DIVORCED [Cecil County remave carbon pape 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) give street address) Perry Point Hospital Brig General-Retired Marine Corp.
13d. INSIDE CITY LAMIS? | 136. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c, CITY OR TOWN Prince George Hyattsville YES NO 3000 Lancer Drive 15. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME First Middle Lost William N. McKelvy Lucy Martin please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, no, ar unknown) (If yes give war or dates of service) 564-40-94-72 VA Hospital Records - Perry Point, Md. 1B. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: BRONCHO-PNEUMONIA 0 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove) Chronic Obstructive Bulloux Emphysema requires that rise ta immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? ATTENDING PHYSICIAN: The YES X NO T O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) fa OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Nat while at work 22a. I certify that () (this haspital) attended the deceased fram 5-22-00 , ta 5-25-00 strenderen certation con executive e and that in (rand) (aur) apinian death accurred an the date and haur and fram the be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE directar, page shauld be filed PHYS 22e, ADDRESS 22d. PHYSICIAN'S WALTER D. GUNDEL, M.D. NAME (Type) VA Hospital - Perry Point, Md. 23a. BURIAL CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE

VR A15 (4) 30M REV. 1/68

24 FUNERAL DIRECTOR

Arlington National Ft Myer, Virginia 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR

06955

12b. KIND OF BUSINESS OR

Lost

BETWEEN ONSET AND DEATH

State

(Stote)

10 days

Years

County

22c. DATE SIGNED

5-25-68

(County)

INDUSTRY

2b. HOUR

6:15am

IF LINDER 24 HRS.

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HILLER D. GIRTHE, M.H. J. HELLING

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ii.	06949			(CERTIFIC	ATE OF	DEATH	, , , , , ,		065	956
A-	ECEASED-NAME Type or print) R	First	Ð	Middle LE Ra V	^^	Last	P	20. DATE O	F DEATH Month 25 Doy	y 68 feor	25. HOUR
3. SE	X XX	7/11	4. RACE	1/		S. DATE OF B		-94	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
	BIRTHPLACE (State or fatry)		b. CITIZEN OF WI	S - A.	8. MARRIED WIDOWED	NEVER MAR	RRIED	9. COUNTY 0	F DEATH		Mo
10.0	ITY OR TOWN OF DEAT	TH		AME OF HOSPITAL OR IN:	STITUTION (If n	at in haspital	during m	nost of workip	N (Kind of work done plife, even if retired.)	12b. KIND OF E	BUSINESS OR
	USUAL RESIDENCE (WHission) STATE	nere deceased	l lived, if institut 13b. COUNTY	tian: Residence before	13c. CITY OR ELX	TOWN	13d. INSIDE CITY	LIMITS? 13e. S	TREET AND NUMBER	YES WOR	MANGE TH
14.	FATHER'S NAME F	irst (ES	Middle	10st		CLA!	-	First MA	Middle	BROG	Last
	(es no or unknown)		D FORCES? or dates of service)	16b. SOCIAL SECURITY		NFORMANT BUEL	214	6:	Address	FLK	TOH, M.
	18. CAUSE OF DEATH V	WAS CAUSED I	ane cause per li BY: E CAUSE (o)	ine far (a), (b), and (c)	Spon	tenen	a br	neum	thoray		NATE INTERVAL NSET AND DEATH
	Conditions, if any, we rise to immediate a stating the underly last.	ause (a),	(b)	AS A CONSEQUENCE OF	18	myhy	Semo	-, se	uere-	mun	7 your
z	PART 2. OTHER SIGN	IFICANT COND	ITIONS CONTRIBU	JTING TO DEATH BUT N	OT RELATED TO	O THE TERMINA	L DISEASE OR	CONDITION GIV	EN IN PART 1(a)		
CERTIFICATION	19a. DATE OF OPERATION	ON 19b. CC	ONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20a. AUTO	PSY?	CALIC	IF YES, WERE FINDINGS OF ES OF DEATH?	ONSIDERED IN CE	RTIFYING
MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING (If either, notify med	CAUSE OF DEATH	HOUR A.M.			OW INJURY OC	CURRED (Ente	er noture of inj	ury in Port 1 ar Port 2,	Item 18.)	
ME	21d. INJURY OCCURR While Not while at work at work	RED 21e. Pl	LACE OF INJURY	(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.					y or Town	County	State
	saw the de	ceased aliv	ve an	ended the deceas (did not) view the	19 68, on	d thot in (m	, 19_ ny) (our) op	53_, to pinion deoth	accurred an the do		(I) (we) las and fram the
	22b. SIGNATURE 22d. PHYSICIAN'S	PhA,	ndren	a, ja M.	2 DEGR	ATTENDI PHYS.	4	MED. DIRECTOR	CTAFE	DATE SIGNED	68
02-	NAME (Type)	S. R.		PNDREN 23c. NAME OF		£3.		JAINS	ION (City or Tawn)	(County)	(State)
E	BURIAL, (REMATION, REMOVAL (Specify)		28-6		F TO 14	CKEMIATURT	De- Drein	ELA	4 .4	8612	/\AP.
74.	FUNERAL DIRECTOR	FUNC	MAZ	ADDKESS	£4k	TONY.	DATE MA	BY REGISTRAR Y 29	968 REGULARS	wes you	age.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by t directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban popers. Posshauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs VR A15 (4) 30M REV. 1/68

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician.

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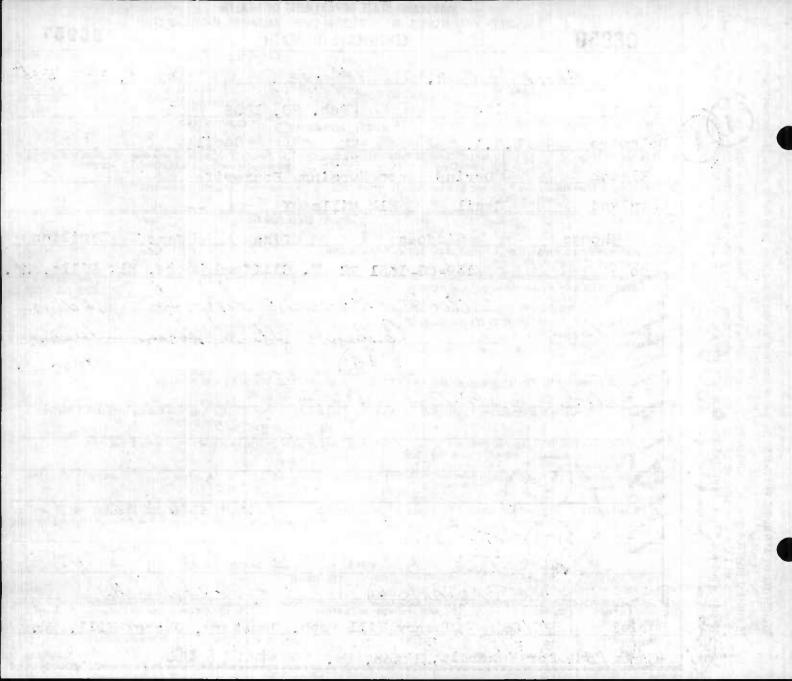
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06957

11/11		40340			CKIIII	CATE OF DEA	ПП			
4		SED-NAME First		Middle		Lost	2o. DATE	OF DEATH Month	Day Year	2b. HOUR
ded	Туре	or print) AL	CE	R.		MODRE		May	4, 1968	5:55 M
0	3. SEX		4. RACE			S. DATE OF BIRTH	3	6. AGE (In years lost birthdoy)	IF UNDER 1 YEAR MONTHS DAYS	1F UNDER 24 HRS. HOURS MIN.
200	F	emale	White	е		Feb. 28		82 "	YRS.	
non)	7o. BIRT	HPLACE (Slote or foreign	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIE	NEVER MARRIED				
i i	De	laware	U.S.		WIDOWE		- 1 000			Md.
-		or town of death Elkton	I dive s	ME OF HOSPITAL OR IN treet oddress) Evine Ha		Indicate of the du		ON (Kind of work doing life, even if retire		BUSINESS OR
event, wit	130. USL	JAL RESIDENCE (Where deceos	1 12 1 15 1 17 1	0 1 1 (13c. CITY	OR TOWN 13d. INSI	DE CITY LIMITS? 13e.	STREET AND NUMBER		
eve	odmissio M8	ry land	13b. COUNTY	cil	Elk	Mills YES] NO []			
5 /	14. FATH	IER'S NAME First	Middle	Lost		15. MOTHER'S MAIDEN	NAME First	Middl	le	Lost
drid in only		Thomas		Widdoe	S -	I	iza	Jane	Hami	lton
		AS DECEASED EVER IN U.S. ARI	MED FORCES?	16b. SOCIAL SECURITY	NO. 17	. INFORMANT		Addre	SS	,
	yes, i	no, or unknown) (If yes give to	rai or dures or service)	139-05-	1651	F2 T. C	lifford	Moore,	Elk Mil	ls, Md
	18.	CAUSE OF DEATH (Enter or		e for (o), (b), and (s)	.)	11	1	11		MATE INTERVAL DISET AND DEATH
		PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (o)	Acute	- /	My pegachi	0 Ins	anction.	20	lour_
		4100		S A CONSEQUENCE OF	1	1	1,			1
		nditions, if ony, which gove	(b)		Cons	haru	Some of	Annex	10	Juss?
14.		e to immediote couse (o), iting the underlying couse	DUE TO, OR A	S A CONSEQUENCE OF	11.	10			1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	1	1. 4201	(c)		4A	49)			10	ylan. 2
	P/	ART 2. OTHER SIGNIFICANT, CO	NDITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED	TO THE TERMINAL DISEA	SE OR CONDITION G	IVEN IN PART 1(o)	1	
2	No.	Brokesten	inel	Pilus		CVA.				
4	CERTIFICATION	D. DATE OF OPERATION 19b.	CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	2Do. AUTOPSY?	CAL	. IF YES, WERE FINDIN ISES OF DEATH?	NGS CONSIDERED IN C	ERIIFYING
5	RT	A COLDENY WILL HARPEN VIII	10		lo	YES 🗌	NO Z		. 0. 14 10.)	
		O. ACCIDENT WAS UNDERLYIFT OR CONTRIBUTING CAUSE OF DEA		Month Doy Yeor		HOW INJURY OCCURRED	(Enter noture of)	njury in Port I or Po	rr 2, Item 18.)	
	ill is	either, notify medical exami	ner) P.M.		9		N			Stote
	≥ 21 W	d. INJURY OCCURRED 21e	PLACE OF INJURY	OFFICE BUILDING, ETC.	(IUKY,) 21t.	LOCATION Street or R.	F.D. No.	lity or Town	County	21016
	of	hile Not while ot work		1 1 1 1	1.		10 - 2 +0	- /11	10 /V that	(1) (
	22	a. I certify that (I) (the saw the deceased of	lis hospital) atte	ended the deceas	ed from_	and that in (my) (er	rraninian deat	h occurred on th	, 17 66, Illui	and from the
		causes stated abov	e, (1) (we) (did)	did nat) view the	bady afte	er death.	or, apiman acai	ii occorred dir iii	ic date and had	and namino
	22	b. SIGNATURE	1	1			AAFD	CTAFE	22c. DATE SIGNED	
		1600	1 The	unk .	DE	GREE PHYS.	MED. DIRECTOR [STAFF PHYS.	5/7/	68
,	22	d. PHYSICIAN'S		50	. 1	22e. ADDRESS	1	- 1	1.	
0		NAME (Type)	TER STI	9 VRAKI	5/9/		TILK	1 ON	Mel	
0	23o. Bl	JRIAL, CREMATION, 23b.				OR CREMATORY		ATION (City or Town)		(Stote)
7	200		/7/68	Cherr			Cemeter			Md.
May	24. FUI	VERAL DIRECTOR	à Die	ADDRES!			REC'D BY REGISTRAI		RAR'S SIGNATURE	Ondan
(80)/	H	icks Home I	or Fune	rais, Ell	cton,	Md. DATE	MAY 1	5 1968	Lances ,	July 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs after deoth.

Poge 4 may be retained by the hospital or attending physician.



FOR STATE HEALTH DEPT. o to P.M.3. Page amy defay is O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages lond 2 with the State Department of in pencil in Item 18. Give Poges 1, 2, and necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 the funeral director. Page 4 should be forworded to the Chief Medical Exominer's Office along with form TO DEPUTY MENCAL EXAMINER: This certificate should be executed within 24 hours after death. If Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death 5 may be retained for your files.

VR A15ME (5) 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06951

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	PLACE OF DEATH o. COUNTY	MANUALIN	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) Oneida, New York.							
-	b. CITY OR TOWN (If autside corporate limits.	MARYLAND C. LENGTH OF STAY IN 16		tside corporate limits, write R	IIPAL and aive n	peorect town)				
	write RURAL and give neorest town)				OKAL UNG GIVE II	icorest town;				
	Perryville	1 Yr. 25 day								
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit VAH Perry Point, Md.	ol, give street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO				
	NAME OF First DECEASED	Middle	Lost	O.F.	ay	Doy Year 31 19 68				
	(Type or print) SEX 6. COLOR OR RACE 7. MARR	rd I. Mora	8. DATE OF BIRTH	9. AGE (In years		EAR IF UNDER 24 HRS.				
	Male White WIDOW		6-27-17	lost birthdoy) 50 yrs.		Poys Hours Min.				
		b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote	or foreign country)		EN OF WHAT ITRY?				
dur	ing most of working life, even if retired) Carpenter	INDUSTRY	Oneida,	N.Y.	U.S	S.A.				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME						
	Walter Moran		Goldie	Torrey						
15.		16. SOCIAL SECURITY NO. 17.	INFORMANT	Ad	dress					
	es, no, or unknown) (If yes give wor or dates of service) Yes WW 2	263-24-5718 V	A Hospital R	ecords Pe	erry Poi	int,Md.				
	18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e for (o), (b), ond (c).) Pulmonary edema	acute			INTERVAL BETWEEN ONSEL AND DEATH Sudden				
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse DUE TO DUE TO DUE TO Output DUE TO	isease								
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION (CONTRIBUTION)	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED? YES XX NO				
MEDICAL CERTIFICATION	7 -	b. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Port I or Port II of item 18.)						
MEDICAL	Hour o.m.		ACE OF INJURY (Home, form ctory, street, office bldg., etc.		(Coun	ty) (Stote)				
	21. I certify that I taak charge af the	remains described abave, h	eld an Autapsy ,	Inspection , In	quiry ,	and in my apinian				
	death resulted fram: Natural causes	Accident , Sui	icide 🔲, Hamicide		manner 🗌					
	ACTUAL SIGNATURE	Dona	(f). U.	ICAL EXAMINER		22. DATE SIGNED				
	EXAMINER'S HENRY U.D	AUG Mb		AL EXAMINED TO THE TOTAL TO THE	AITHKE	0/4/10				
1	D. BUPSAL, CREMATION, 23b. DATE THEREOF	23c. MATHE OF CEMETERY OF ADDRESS	lat lem.	Captum	Town) (C	ounty) (State) NATURE				
1	ac 4. /altusin W.	w, Gerryolle	DATE JU	10.00	John					

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Items#5&6.Film#GL00 5/24/68 km DECEASED-NAME First Middle last 2g. DATE OF DEATH (Type or print) Month ROBERT MURPHY 10 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR Jast birthday) 8/1/18 8-31-18 Male Negro 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Cecil WIDOWED TX DIVORCED [South Carolina USA filled event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR the death certificate be executed within give street address)
Veterans during most of working life, even if retired.) INDUSTRY carban Administration Perry Point 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATE 13b COUNTY 515 Hill Top remave Washington Terrace in any 15. MOTHER'S MAIDEN NAME First and 14. FATHER'S NAME First Middle Last Middle Robert Murphy Bessie Fridaybugh please and 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address d by the attending physici I-transit permit. Then plea I, crematian, or remaval, a Yes, na, or unknown) (If yes give war ar dates of service) 579-16-1740 VA Hospital Records, Perry Point, Md. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Multiple pulmonary infarets IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove) signed by the burial-transit I burial, cremati Massive pulmonary embolus rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Phlebothrombosis of deep leg veins PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 463 X by the haspital ar attending the certificate has been ATTENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? SD CAUSES OF DEATH? YES KICK NO T be detached far use State Dept. af Health 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn County O FUNERAL DIRECTOR: After this director, page 3 shauld be detace shauld be filed with the State Dep While Nat while at wark 22a. I certify that (this haspital) attended the deceased from May 3 , 19 68, to May 10 , 19 68 , take present war as be retained 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) A. L. MOONEY, M.D. VA Hospital, Perry Point, Md.

23b. DATE

23a. BURIAL, CREMATION, PEMOXAL (Specify)

VR A15 (4) 30M REV. 1/68

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town) Prince George, Md. Harmony Memorial Park 2Sa. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE Milane 1968

(County)

06959

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BETWEEN ONSET AND DEATH

36-48 hrs

State

(State)

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pagers. Tages in the death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filted they the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages. Pages 1 and a stocked with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 2000 as after deat

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10394		C	ERTIFI	CATE OF	DEATH			0.6	980
1. DECEASED-NAME Fin (Type or print) Ex	nest Lealar	Middle Ott		Lost		20. DATE OF	DEATH By Month 27)oy y68	2b. HOUR 9:15 P.
3. SEX	4. RACE			S. DATE OF E			6. AGE (In years lost, birthdoy)	IF UNDER 1 YEAR MONTHS DAYS	IF UNOER 24 HRS. HOURS MIN.
Male	White	,		July	14, 189	1	1051, Orindoy)		HOURS MIN.
7o. BIRTHPLACE (Stote or foreign country) Penna.	7b. CITIZEN OF WHAT C	OUNTRY?	8. MARRIED WIDOWED	☐ NEVER MA	RRIED S	Cecil	DEATH		Md
10. CITY OR TOWN OF DEATH Elkton	give street	Unic	,	not in hospitol			(Kind of work done life, even if retired.		F BUSINESS OR
13o. USUAL RESIDENCE (Where deco odmission) STATE Maryland	12h COHAITY	Residence before	13c. CITY OF Elkto		13d. INSIDE CITY LIM YES NO		reet and number 5 Normira	ST.	
14. FATHER'S NAME First	Middle	Lost	1	S. MOTHER'S N	AIDEN NAME Fir	st	Middle		Lost
J. Allem Ot	t		e/ (II	Sara	h Jones				
160. WAS DECEASED EVER IN U.S. A Yes, no, or unknown) (If yes go	1 . /	SOCIAL SECURITY NO.		INFORMANT eonard	Clayto	n	Address	10 Norm	mira St.
18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMME Conditions, 1f ony, which governise to immediate couse (o stoting the underlying couslost.	DUE TO, OR AS A BE TO THE TO, OR AS A	CONSEQUENCE OF		TE C	KD (Hayo'SENS	RPHAGE		KIMATE INTERVAL ONSET AND GEATH
PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED T	O THE TERMINA	AL DISEASE ORCO	NDITION GIVEN	IN PART 1(o)		
190. DATE OF OPERATION 15	b. CONDITION FOR WHICH O	PERATION WAS PER	FORMED	20a. AUTO			YES, WERE FINDINGS OF DEATH?	CONSIDERED IN C	CERTIFYING
210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF CO	EATH HOUR A.M. M	JRY onth Doy Yeor 19	21c. H	OW INJURY OC	CURRED (Enter	noture of injur	y in Port I or Port 2	2, Item 18.)	18 19 19
While Not while of work	OFFIC	DME, FARM, STREET, FACTI E BUILOING, ETC.			et or R.F.D. No.	City	or Town	County	Stote
22a. I certify that (I) (saw the deceased causes stated abo	this hospital) attende alive an ve, (I) (we) (did) (did	10/19	6Kan	d that in (m	y) (our) opin	on deoth o	occurred on the	9 <u>60</u> , tha dote and haur	t (I) (we) last and fram the
22b. SIGNATURE	Ven the	Jones	Nofe	ATTENDI PHYS.	DIF	D. RECTOR	STAFF PHYS. 22	C. DATE SIGNED	58
22d. PHYSICIAN'S NAME (Type)	NRY V.D.	AVIS M	0	22e. ADI	SHEST	PEA/C	6 C199	HO	
REMOVAL Specify)	DATE 28 (8	23c. NATIVE OF C	EMETERY OR	2) (1)		BAK	N (City or Town) TIMORE	(County)	(Stote)
Grant Puneral Director	ent Co	NOVTH	Eas	Find	2So. REC'D BY	1	25b. REGISTRAN	essignature for for	udge.

VR A15 (4) 30M REV, 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16954 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH 2b. HOUR **DECEASED-NAME** Last (Type or print) Month James Painter Henry Jav 6. AGE (In years IE UNOFR 1 YEAR IF LINDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH lost birthdoy) MONTHS Male White 1896 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Virginia Cecil U.S.A DIVORCED [12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during most of warking life, even if retired.)
Laboring Work give street address) INDUSTRY Elkton Union Hospital 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Elkton Bow St 14. FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME First Middle Middle Painter Joseph Tra 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) 218-12-8599 Joseph F. Painter Elkton 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND OEATH VASCULAR 2 houx1 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove) rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) er Tension 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO 🗌 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Manth Day Year HOUR A.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from 5 ma7 , 19.68, to 5 MAT 1965, and that in (my) four opinion death occurred on the date and hour and from the sow the deceased alive an 5 ma7 causes stated abave, (I) (we) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Robert Elkton Medical Park 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION (County) REMOVAL (Specify) Ebengzer Cemetery Cecil Ebenezer. 1968 REGISTRADE SHOWATURE 25a. REC'D BY REGISTRAR MAY 15 24. FUNERAL DIRECTOR Elkton. unerals DATE

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. pup deat completely filled in nave carban papers ny event, within 72 pa ease remave carban and in any physician signed by the attending physi burial-transit permit. Then pl burial, crematian, or remaval, **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. be detached far use as the State Dept. af Health priar ta has been O FUNERAL DIRECTOR: After this certificate directar, page 3 shauld shauld be filed with the

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

86955 CERTIFICATE OF DEATH 16962 Middle 2g. DATE OF DEATH 1. DECEASED-NAME First Last 2b. HOUR (Type ar print) Manth Howard K. Purcell IF UNDER 1 YEAR 3. SFX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 24 HRS. last birthday) MONTHS DAYS Male White Sept. 26, 1895 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country)Maryland USA WIDOWED DIVORCED Cecil 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work dane 126 KIND OF BUSINESS OR during most of warking life, even if retired.) give street address) INDUSTRY North East R.D. 2 Mechanic Sand & Grave] 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY R.D. 2 North East 14 FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First Middle George Purcell Ruth Green 16b. SOCIAL SECURITY NO. 17. INFORMANT Address R. D. 2 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no, ar unknawn) 215-10-7304 Edna J. Purcell North East, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coroney Occlusion with Hyocardial Infarition 4 Grs Arterioseleration Heart Disease (anditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Carcinomy of prostate with wester teris; Rypertrophic estecarthritis 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town Caunty State While Nat while at wark 1966 to 27 May . 1968, that (ID (we) last causes stated above, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S LAUS H. HUEBNER NORTH EAST RE NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION (County) (State) 5-29-68 REMOVAL (Specify) North East, Methodist North East Cecil Md. Burial

O FUNERAL

30M REV. 1/68

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The law requires that the death certificate be executed within 24,

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires thu Page 4 may be retained by the hospital ar attending physician.

DIRECTOR: After this certificate

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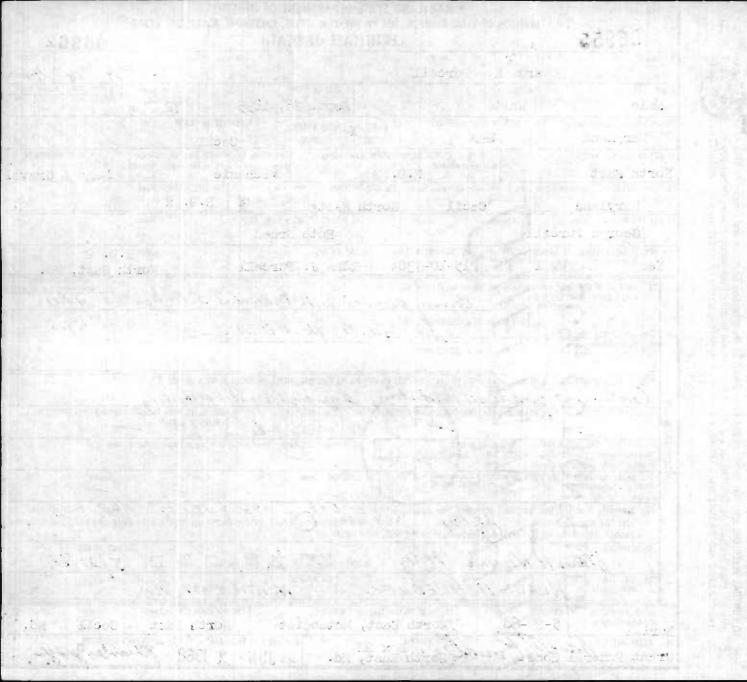
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24. FUNERAL DIRECTOR North East, Md. 2Sq. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE



Item #11 & 23b Film #G400 5/21 CERTIFICATE OF 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY CECIL MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) 13 Y RS RISING SUN RISING SUN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS REYNCLOS AVENUE ¥. 3. NAME OF Middle First 4. DATE DECEASED MARION RAULINGS MAY event (Type or print) S. SEX B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED remove lost birthday) MALE AUG, 2,1912 WHITE WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Coupty & Stote, or foreign country) physician c during most of working life, even if retired) POST OFFICE CECIL GO, MI 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAM ar removal, attending phys RAWLINGS FRANCIS GEORGIE MC MASTER 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) ((If yes give wor or dotes of service) RAWLINGS, RISING SUN, LOUISE 216-05-8932 W.W. 11 crematian, CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO burial. Insufficien Conditions, if ony/which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the attending hos been lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Health 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) by the haspital OR CONTRIBUTING CAUSE OF DEATH tached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED (City or town) det Hour o.m. foctory, street, office bldg., etc.) Not While ot work of work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from be retained 1968, and that death accurred at 49 M, from causes and an the date stated above saw the deceased alive an. 220. SIGNATURE director, page 3 shauld be filed v DIRECTOR PHYS. 22d. Page 4 may 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) REMOVAL (Specify) CEMETAR RISING BROOKVIEW BURIAL 24. FUNERAL DIRECTOR PALPH M. REED 2So. REC'D BY REGISTRAR

Ralph m Reed

RISING SUN, MD

be executed within 24 the death certificate

> VR A15 (4 20 M 1/68

2Sb. REGISTRAR'S SIGNATURE

SUN, CECIL

(County)

(County)

22b. DATE SIGNED

06963

e. IS RESIDENC ON A FARM?

1968

IF UNDER 24 HRS

19. WAS AUTOPSY PERFORMED?

NO

(Stote)

(Stote)

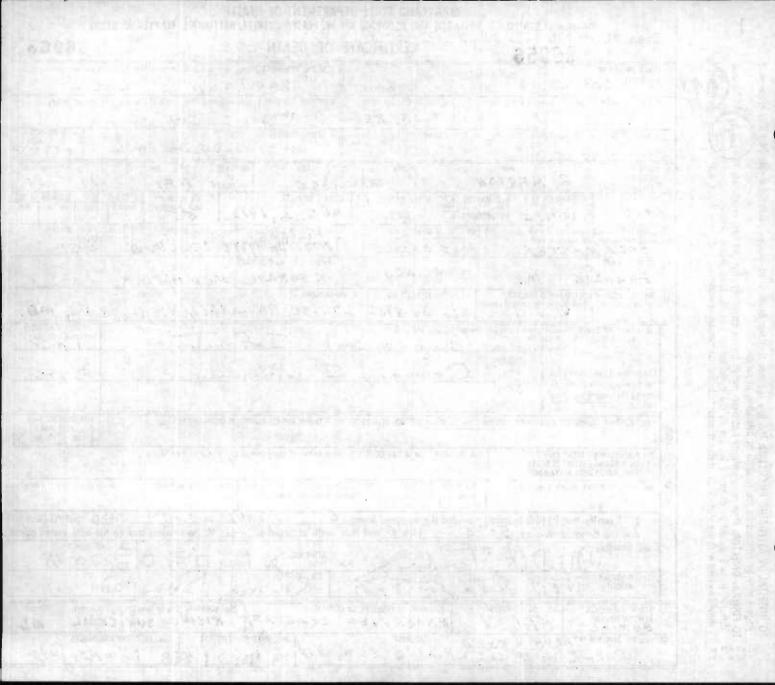
MD

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12. CITIZEN OF WHAT

COUNTRY?

IF UNDER 1 YEAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	F		CERTIFICA	TE OF DEATH			003	04			
	Type or print) First	William Middle		Lost EEVES	2a. DATE OF DE	Month 5 Day 3		2b. HOUR 5:15p			
3. SI	Male	4. RACE White	S.	4-18-08		ast birthday) YRS.		UNDER 24 HRS.			
cou	New Jersey	75. CITIZEN OF WHAT COUNTRY? USA	WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF DE	Cecil	The way of all	Md.			
P	erry Point	11. NAME OF HOSPITAL OR INS give street oddress) Veterans Ad	ministr	ation during	UAL OCCUPATION (Ki	, even if retired.)	12b. KIND OF BUS INDUSTRY	Glass			
	usual RESIDENCE (Where deceosed ission) STATE N. J.	d lived, if institution: Residence before 13b. COUNTY berland	13c. CITY OR TO			W. McNea	l Stree	t			
14.	FATHER'S NAME First William	Middle Lost Reeves	1-1	OTHER'S MAIDEN NAME	First Adeline	Middle	Flowe	ers (D)			
160	N. WAS DECEASED EVER IN U.S. ARME Yes, no, or unknown) (If yes give war Yes			RMANT Hospital	Records	Address Perry P					
	18. CAUSE OF DEATH (Enter anly PART I. DEATH WAS CAUSED IMMEDIAT Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF (b) Coronary DUE TO, OR AS A CONSEQUENCE OF	ar fibr	sis			APPRÖXIMATI BETWEEN ONSE SUCC	T AND DEATH			
NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 120b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING										
CERTIFICATION	19a. DATE OF OPERATION 19b. Co	ONDITION FOR WHICH OPERATION WAS PE	WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DE				NSIDERED IN CERT	IFYING			
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING or contributing cause of death (If either, natify medical examine	HOUR A.M. Month Doy Year		INJURY OCCURRED (En	ter nature of injury in	n Part 1 ar Part 2, Ite	em 18.)				
WE	at work of work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					Caunty	State			
	% XXXIIEXCXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	hospitol) ottended the decease (%) (1) (*********************************	ACXXXXXXXX	hat in (my) (our) o	pinian death acc	y 11 , 19 urred on the dot	e ond hour an	d fram the			
	22b. SIGNATURE Q.L.	Moorey m.D.	DEGREE	ATTENDING PHYS.	DIRECTOR P	TAFF HYS.	5-13-68	3			
1	BURIAL, CREMATION, 23b. D. REMOUAL (Pecify)	MOONEY, M.D. ATE 23c. NAME OF GREENWO ADDRESS FUNERAL HOME, PE		Park 250. REC'D	23d. LOCATION (MILLVIL BY REGISTRAR	City or Town) Le Cumb 2Sb. REGISTRAR'S S		(State) Md. Jersey			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages I am should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after dea VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or ottending physician.

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North East, Md.

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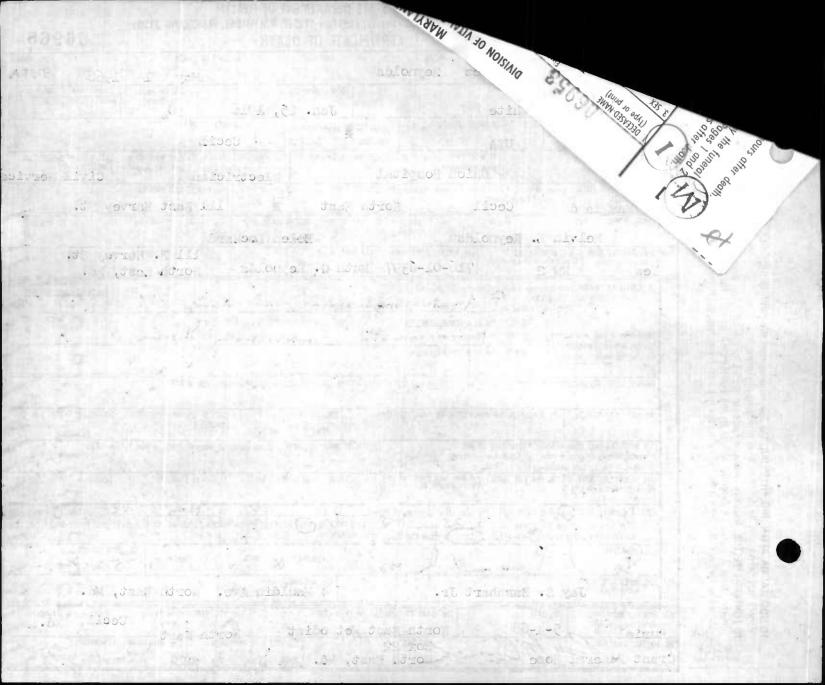
Home

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

attending physician.

O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar

30M REVA



DIVISI		RECORDS, 301 W	TE DEPARTMENT O . PRESTON STREET, BA FICATE OF DEAT	ALTIMORE, MARYLAND 2	1201
		Middle	Lost	20. DATE OF OEATH	
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A DAC	-		F DATE OF DIRTH	0 1 100 6	70

	11000	120			CERTI	FICATE OF	DEATH				0.9	6956
	ASED-NAME or print)	First ROB	ERT MOS	Middle SES RTV	/FRS	Lost		20. DATE OF	OEATH Month	Doy 106	Year	2b. HOUR 4:15
3. SEX		2002	4. RACE	J. 101 V	1.84	5. DATE OF E	IRTH	Ties y	6. AGE (In years		UNDER I YEAR	IF UNDER 24 HRS.
	Male		Neg	gro		11-	7-11		lost birthdoy)	YRS. MON	ITHS DAYS	HOURS MIN.
country)	HPLACE (State or 1) Virginia	areign	7b. CITIZEN OF WE	HAT COUNTRY?	8. MARR WIDOV	IED 🛣 NEVER MA		9. COUNTY OF	DEATH			Mo
	OR TOWN OF DEA	TH		ME OF HOSPITAL OR	INSTITUTION	(If nat in hospital			(Kind of work d			BUSINESS OR
Per	rry Point	. Md.	give	street oddress) A Hospita	7 Pe	rry Poin	during mo	ast of working	life, even if retir	ed.)	INDUSTRY	
13a. USL				- D. 11. 1 C	re 13c. CITY	OR TOWN	13d. INSIDE CITY LIF	MITS? 13e. ST	REET AND NUMBE		Stree	t
14. FATH	IER'S NAME	irst	Middle	Lost		IS. MOTHER'S M	AIDEN NAME FI		Midd			Last
	T	nomas	Rivers				Georgi	a Tum	ner			
	AS DECEASED EVER		ED FORCES? or or dates of service)	16b. SOCIAL SECURI	TY NO.	17. INFORMANT		1	Addre	ess		
162,1	ves	Talle		578 03	7999	VA Rec	ords	VAH. P	erry Poi	nt.	Md.	
18.	PART I. DEATH		BY: TE CAUSE (a) B	ronchopn	eumon			4-13-1			BETWEEN C	MATE INTERVAL DISET AND DEATH
(0	nditions, if ony, w	hich anve \		AS A CONSEQUENCE		ned les	anarati	ion			3 y	rears
rise	e to immediate o	ouse (a),		erebral							7 0	
sta	ting the underly	ing cause		AS A CONSEQUENCE					-		37	
		IEICANT CON		lcoholis TING TO DEATH BUT					N IN DADT 1/a		168	ars
17	3221	IIICANI CON	DITIONS CONTRIBO	INO TO DEATH BOT	I NOI KLLAIL	D TO THE TERMIN	AL DISEASE ONCO	ONDITION GIVE	N IN PART I(O)			
CERTIFICATION 1361	o. DATE OF OPERATI	ON 19b. (CONDITION FOR WH	ICH OPERATION WAS	PERFORMED	20o. AUTO			YES, WERE FINDING OF DEATH?	NGS CONSI	DERED IN C	ERTIFYING
30	a. ACCIDENT WAS or contributing either, natify med	CAUSE OF OEATI	HOUR A.M.			c. HOW INJURY O	CURRED (Enter	nature af inju	ry in Part 1 or Po	ort 2, Item	18.)	
W	Id. INJURY OCCURR Thile Not while wark of work	ED 21e.		(AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21	f. LOCATION Stre	et or R.F.D. Na.	City	or Town	C	ounty	Stote
	causes stat	at (1) (thi reasuded ed above	s hospitol) otto ivecence XXXXIII (did)	ended the dece xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	ased from the body of	and that in / 1 ter deoth.	25 , 19 (our) opi	68 , to nion death o	occurred on th	, 19 <u>68</u> ie dote d	nd hour	ond from the
	b. SIGNATURE	1/2	Mar	the Di	md i	DEGREE PHYS.	L DI	IED.	STAFF PHYS.	22c. DATE	SIGNED	18
. 220	d. PHYSICIAN'S NAME (Type)	. R.	HUXTABL	E, JR.,	M.D.	22e. AD		tal, Pe	erry Poi	nt, 1	varyla	and
RE	JRIAL, CREMATION, MOVAL (Specify)	23b. f	ATE -6-68	23c. NAME	OF CEMETERY	OR CREMATORY		Jack	ON (City or Town)	C	County)	(State)
	emoval verai director old Fune	ral H	Coal	N. Patr			2Sa. REC'D BY	Y REGISTRAN	25b. REGIST		NATURE	Judge

death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages shauld be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours ofto VR A15 (4) 30M REV. 1/68 00059

Arnold Funeral Home, Alexandria

Virginia

the total all and its about the first of the second control of the The late of the second and the second and the second are second as the Brodeks shoulded, store, terminal 81.10 Civernume, inc Sant Interest Chronic British rong -Years personalism, owned and morre The same of the sa Acceptation of the second flowers of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH last 2a. DATE OF DEATH Middle SCOTT 5 CHARLES B 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) White 7-15-02 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED X NEVER MARRIED USA WIDOWED [DIVORCED [

7a. 81RTHPLACE (State or foreign Apple Creek, Ohio 10. CITY OR TOWN OF DEATH

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

Arundel

First

11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) Weterans Administration

Last

Scott

16h SOCIAL SECURITY NO.

283-10-9583

12a. USUAL OCCUPATION (Kind of work done during mast af warking life, even if retired.) Carpenter 13d INSIDE CITY LIMITS?

13e. STRFFT AND NUMBER Box 391

IS. MOTHER'S MAIDEN NAME First Middle E Bessie

Address

VA Hospital Records, Perry Point, Md.

PART I. DEATH WAS CAUSED 8Y Canditians, if any, which gave : rise ta immediate cause (a). stating the underlying cause

06960

Male

Perry Point

admission) STATE Maryland

Yes, na, ar unknawn)

First

16a. WAS DECEASED EVER IN U.S. ARMED FORCES?

Charles

14 FATHER'S NAME

1. DECEASED-NAME

3. SEX

(Type ar print)

deoth.

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burial-transit p

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Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been

ATTENDING

permit.

physician and completely filled in en please remove carbon page

requires that the deoth certificate be executed within 24 hours

IMMEDIATE CAUSE (a) Bronchopneumonia, severe, terminal DUE TO, OR AS A CONSEQUENCE OF (probable carcinoma of the brain) (h) Chronic brain syndrome due to cerebral arteriosclerosis

YES

DUE TO, OR AS A CONSEQUENCE OF (Epileptic seizures-probable to # 2

Edgewater

17 INFORMANT

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES 🗔

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner)

(AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No.

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

County State

19 68 SENGK JEDGDENOVER

26967

Year 68

12b. KIND OF BUSINESS OR

Last

Lowe

BETWEEN ONSET AND DEATH

HIDUSTRY _

2b. HOUR

IF UNDER 24 HRS.

21d. INJURY OCCURRED 21e. PLACE OF INJURY While Nat while at wark 22a. I certify that () (this haspital) attended the deceased from March 28, 19 68, to May 9

City or Town

(State)

22b. SIGNATURE

ATTENDING PHYS

MED. DIRECTOR

LOCATION (City or Tojwn)

NGTOR

22c. DATE SIGNED 5-9-68

(County)

PHYSICIAN'S NAME (Type)

23a. BURIAL, CREMATION

HUXTABLE

Funeral Home, Annapolis, Maryland

22e. ADDRESS Perry Point, Md. VAH,

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death	Page 4 may be retained by the hospital or attending physician.	10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the Togeral	age	filed
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VR A15 (4)

30M REV. 1/68

CERTIFICATE OF DEATH First Lost 20. DATE OF DEATH DECFASED-NAME Middle 2b. HOUR (Type or print) Month Doy 29 Year 68 1:4500 SLAVEN J. EDWARD 3. SFX 4. RACE 5. DATE OF BIRTH IF UNOFR 1 YEAR IF UNDER 24 HRS. 6. AGE (In years lost birthdoy) MONTHS T HOURS 11-8-97 Male White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country) DIVORCED [Brooklyn, NY WIDOWED [Cecil U.S.A. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Veterans Administration Perry Point Gim 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE Maryland 13b. COUNTY/ YES NO Box 213 Belcamp 14. FATHER'S NAME Lost IS MOTHER'S MAIDEN NAME First Middle Bradley (D) (D) John Slaven Mary 160 WAS DECEASED EVER IN ILS ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 153-14-1341 VA Hospital Records, Perry Point, Md. Yes APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 days Bronchopneumonia, bilateral IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove Cerebral Infarction (Stroke) 6 weeks rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse years Cerebral arteriosclerosis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) HOUR A.M. Month Doy Year OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) P.M. 21d INILIRY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY. 1 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from April 13, 19 68, to May 29, 19 68, xbox KNAWAXXXXX sowther described accurred an the date and hour and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE DEGREE 00 W PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) L. MOONEY, M.D. VAH, Perry Point, Md. 23b. DATE NAME OF CEMETERY OR CREMATORY 23d-LOCATION (City or Town) 230. BURIAL, CREMATION, (County) (Stope) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1968 Marken Havre Grace, Md. de

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DEPARTMENT OF HEALTH

Give Pages 1, Office alang with farm

in pencil in Item 18.

DICAL EXAMINER: This certificate should be executed within 24 hours after death

TO DEPUTY

necessary, please execute the certificate, writing the word "pending" in pencil in the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's

5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File Health priar ta burial, crematian, ar remaval, and in any event within 72

Jan 2 with the State Dep

Dod.

death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

3963	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
J ∪ 11/10/	MIEDICAL	EMAININE S	CERTIFICATE	VI	MEVIII

44 4 5	53	MEDIC	AL EXAM	INER'S	CERTIFICAT	E OF DE	ATH						
1. DECEASED-NAME (Type or Print)	Gregory	7	F . Middl		Stone		4.	OF DEATH	KNOWN ESTI-	5	Day 29	Yeor 1968	
3. SEX	4. RACE	S. DATE OF BIR		6. AGE (In year last birthday)	MONTHS DAYS		24 HRS. MIN.	2c. DATE Mont	PRONOUNCI h	Doy Dead	Уеаг		2d. HOUR
Male	White	July 2		120	RS.			6		14	7601	19 68	11p
70. BIRTHPLACE (Sto		7b. CITIZEN OF WH	AT COUNTRY?		MARRIED NEVER	_	9. COUN	TY OF DI	EATH				
country) New		U.S.A.				IVORCED		cil					M
10. CITY OR TOWN	of DEATH eake City	give s	AME OF HOSPITAL treet address)	L OR INSTITUTI	ION (If not in hospi	during		working l	(Kind of w life, even i			O OF BUSI	NESS OR
	NCE (Where deceas		itian: Residence			13d. INSIDE CITY L	LIMITS?	3e. STREE	T AND NU				
14. FATHER'S NAME	Penna.	Middle		Last Ma	Is. MOTHER'S A		First		2 Byr	iddle	ve.	Lost	
Joh				2031	Rutl		lnitz		141	ildale		f021	
	EVER IN U.S. ARMED I		16b. SOCIAL SECU	IRITY NO	17. INFORMANT	I WEII	L11.4. C2		ADDR	223			
	awn) (H yes give				Mauger I	Tunera]	I. Hom	e, M			enna.		
	OF DEATH (Enter on	y one couse per li										PROXIMATE :	
PART I.	DEATH WAS CAUSED) BY: TE CAUSE (a)		I	Drowning								
830	12		AS A CONSEQUE									14/1	
	fany, which gove	(b)											
	ediate cause (a), (underlying couse (, , _	AS A CONSEQUE	NCE OF					1				100
last.	January in great and a second	(4)									465		
8510	R SIGNIFICANT COND	ITIONS CONTRIBUT	NG TO DEATH BU	JT NOT RELATE	ED TO THE TERMINA	. DISEASE OR C	ONDITION	GIVEN IN	PART 1(o)				
19a. DATE OF 19a. DATE OF 21a. EXTERNA PRIMARY X CAUSE OF DEA	OPERATION		19b. CONDITION WAS PERFO		PERATION							AUTOPSY'	NO [
E 21a. EXTERNA		21b. TIME OF	INJURY MATE DO	an Open	21c. HOW INJURY	OCCURRED (En	ter nature	af injury	in Part 1	ar Part 2,	Item 18.)		
PRIMARY X	OR CONTRIBUTING	10:45°	WI.	1968		from							
21d. INJURY C	OCCURRED 21e. I	PLACE OF INJURY (At hame, farm, s		21f. LOCATION Stre	et ar R.F.D. Na.	capo.		or Town		Caunty		State
WHILE AT WORK	NOT WHILE TO	tary, office buildin	g, etc.)								Cest	1	3.4
22a.	I certify that I to	ook chorge af t	he remoins de	scribed obc	ove, held an Au	itopsy ,	Insp	ection	Q, In	nquiry [, an	d in my	y apiniar
death	resulted from:	Natural caus	es Ac	cident x	Suicide .	Homicid	_		rermined	manner			
(Tali	NL	1 / 1	1		HIEF MEDICAL	EXAMINER						
SIGNATURE	TUN	W 5 0	WW	7	M.D. A	ASSISTANT MEDI	ICAL EXAM	INER 5		22b. DAT	E SIGNED		
EXAMINER'S NAME (Type	S	A TO THE	Igon M	D		EPUTY MEDICA ADDRESS(Street,			nty)	_6/1	15/68		
23o. BURIAL, CREM	MATION, 23b.	d F. Wil			RY OR CREMATORY		23d.	LOCATION	(City or To	wn)	(Caunty)	· (St	ote)
REMOVAL (Spe Buria		768			Memorial	Pakk			anove	0.0	. ,,	(31)	,
24. FUNERAL DIREC	CTOR	7077 0		ADDRESS		2Sa. REC'D	BY REGI	STRAR	2Sb. R	EGISTRAR'S	SIGNATUR		
Wm. Cook	k⊷Brooks	, 121/ 5	2120	250		DATE	JUN	19	1968	ga	isula	y Vec	Maria .

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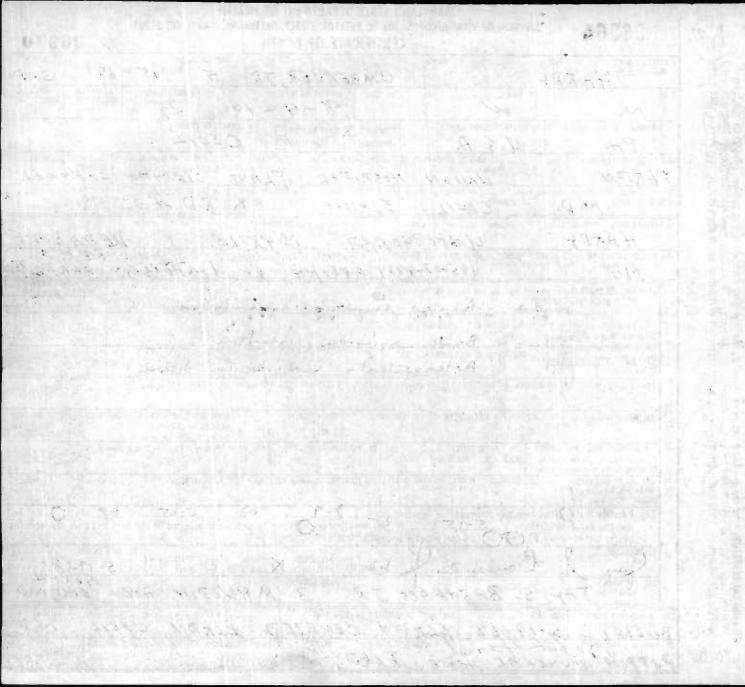
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			CERTITION	ALL OF DEATH			- 41	3 3 2 11
	CEASED-NAME First	Middle		Lost	2o. DATE OF		A- 11	2b. HOUR
(1	Ype or print) HARRY		UMB	ERGER T	R. 5	Month 15 Do	4 68 teor	3:00PN
3. SE	X	4. RACE		S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	$\wedge \wedge$	W		8-4-	1910	lost birthdoy)	MONTHS DAYS	HOURS MIN.
). E		7b. CITIZEN OF WHAT COUNTRY?	B. MADDIED IS	NEVER MARRIED	9. COUNTY OF		1	
	ntry) PD	U.S.A.	WIDOWED		CEC	114		Mo
-	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	-			(Kind of work done	12b. KIND OF	BUSINESS OR
	LKTON	give street oddress)	HOSPI	during	most of working	life_even if retired.)		UKAL
		d lived, if institution: Residence before				REET AND NUMBER	01101	1012
	ssion) STATE AA D.	13b. COUNTY CEC12	ELKT		NO B	D#3		
4. F	ATHER'S NAME First	Middle Lost	15.	MOTHER'S MAIDEN NAME	First	Middle		Lost
	HARRY	UNABER	SER.SA	. N4	TTLE	1-34	DEAR	DORF
					,	Address	RPA	* 3
Y	es, no, or unknown) (If yes give wor	195-07-9	7929 E	VELPH ,	V. 41	M BERGER		
	1B. CAUSE OF DEATH (Enter only	one cause per line for (o), (b), and	(d).)					
	PART I. DEATH WAS CAUSED	BY:		ative hear	t fail	we		
	4109 IMMEDIAT	2 21002 (0)	71					
	Conditions, if any, which gove			1	4.			
	rise to immediate couse (a),			0101 1770	rellen.			
				() : "	and law	1. 5.00	5 1377	
					D CONDITION CIVE	NI INI DADT 1/a)		
	PART 2. OTHER SIGNIFICANT CONE	JITIONS CONTRIBUTING TO DEATH BUT	NOI KELAIED IO	THE TERMINAL DISEASE O	K CONDITION GIVE	N IN PART I(0)		
NO.	7 + 01	ONDITION FOR WHICH OPERATION WAS	DEDECORATE	DO- AUTODOVA	205 11	VEC WEDE EINDINGS	CONCIDEDED IN C	EDTIEVING
3	190. DATE OF OPERATION 190. C	UNDITION FOR WHICH OPERATION WAS	PERFURMED		CALISE		TONSIDEKED IN C	EKIIFTING
N.								
				W INJURY OCCURRED (En	iter noture of inju	ry in Port 1 or Port 2,	Item 18.)	
2	(If either, notify medical examine	er) P.M.	19					
ME	21d. INJURY OCCURRED 21e. F	LACE OF INJURY (AT HOME, FARM, STREET,	FACTORY,) 21f. LOC	ATION Street or R.F.D. I	No. City	or Town	County	Stote
	at work of work							
	22a. I certify that (1) (this	haspital) attended the decer	sed fram	, 19	63, ta_	5-15 , 19	69 , that	(1) (we) las
	saw the deceased ali	ve an 5-15	_19_ <u>لما</u> , and	that in (my) (aur) a	pinian death	accurred an the d	ate and haur	and fram th
160. WAS DECEASED EVER IN U.S. ARNED FORES? Yes, no. prynknown) 11/19 in give we're' doths of sension 195-07-9929 17/1 INFORMANT 19								
	Jay s.	Marine J.	M. DEGRE	E PHYS.			5-17-6	06
		S. BARNHAR	t, JR		(AULZ	DUR AUG	EA.	STMR
30.		ATE 23c. NAME (OF CEMETERY OR (REMATORY	23d. LOCATI	ON (City or Town)	(County)	
R	REMQVAL (Specify)	19-18 Elt	TON C	EMETERL	ELK		ECIL	MP.
4.	0110	AL PO	SS	1/20 250. REC'D	BY REGISTRAR	2Sb. REGISTRAR	S SIGNATURE	
7	PPIN	58 Al 1/200 E	ELATO	DATE MA	AY 20 1			de
1	11/11/11/10	- ITO MILE	11	Duit FAIL	11 20 1	99 //	11	V

r death **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. and TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to the the thick of the the property of the thing physician and completely filled to the the transit permit. Then please remaye carban papers. Figure 1 and 2 and 1 and 2 and 2 and 2 and 2 and 3 should be filled with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 72 august after deather the state Dept.



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

		1 10 00 00 00 00						994
1		ACE OF DEATH		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	2. USUAL RESIDENCE (Where deceased lived, if in:		belore odmission)
	0.	Cecil		MARYLAND	o. STATE Mary]	and D.	Cec	17
-	b.	CITY OR TOWN (If outside corporate lin	nits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II or	utside carporote limits, write	RURAL and give	nearest town)
		write RURAL and give neorest town) EIKton		Life	Elkto	on –		
	d.	NAME OF HOSPITAL OR INSTITUTION (II	not in hospital,	give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
		Union Hospita	1		200 D	Landing La	ane	YES NO
64211		AME OF	First	Middle	Last		Manth	Day Year
	(T	eceased ype or print) The	mas	M.	Widdoes	OF DEATH ME	ау	9, 1968
	SE	X 6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year lost birthdo		YEAR IF UNDER 24 HR Doys Haurs Min
	Ma	ale White	WIDOWED	DIVORCED	Sept. 27.1	1893 74		DOYS MICH
0a. US	JS	UAL OCCUPATION (Give kind of work do	ne 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITI	ZEN OF WHAT
u	iripi	most of working life, even if retired)	Ba	Dustry Mfg.	Delawa	re	(00	U.S.A.
	3. [FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
L		Thomas Widde	es		Liza Ja	ne Hamilto	on	
	1S. 1	WAS DECEASED EVED IN HIS ADMED ENDIE	52 16	SOCIAL SECURITY NO. 17.	INFORMANT		Address >	
	(Yes,	no, or unknawn) (II yes give wor ar date	s al service)	15-09-8882 M	rs. Jennie	T. Fergus	son. El	kton. Md
F	T	1B. CAUSE OF DEATH (Enter only one	ause per line far	(a), (b), and (c).)				INTERVAL BETWEEN
ı		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAU	SE (0) CAR	DO RESPIR	ATORY PAIL	LURE		ONSET AND DEATH
		1/1/1/2	UE TO					7
1		Conditions, if any, which gave	(b) 141-	- MONARY E	DEMA			30 min
		rise to immediate cause (o), (stoting the underlying couse (UE TO	-0-0				1
1		ast. 4221	(c) 1 - 1	PRICELENON	C CAROLOU	HSCULAR DI	SEASE	2 years.
	2	PART II. OTHER SIGNIFICANT CONDITION					0)	19. WAS AUTOPSY PERFORMED?
15	AE	BENIGN PROST	ATTC It	YPERTOOPHY - 1	POSTATECTO	ルタ	Control of	YES NO
		20o. ACCIDENT WAS UNDERLYING	20b. DI	ESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part 1 or Port II of item 18	J.)	
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
13	MEDICAL	20c. TIME OF INJURY Month, Doy, Year		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, far		n) (Caur	nty) (Stote)
400	W.	11:15 p.m. 5/9	968 While	Not While at wark	ctary, street, alfice bldg., etc	.)	attended.	
1	1	21. I certify that (I) (this h		ded the deceased from ~	4/18	1968, to may	9 , 196	S, that (I) (we)
	1	sow the deceased olive on	MAY	9 1968, and the	ot death occurred a	11115 H M, from cau	ses and an th	e date stated ab
1		220. SIGNATURE	, ,	1	ATTENDING	MED. STAFF	22b. DA	TE SIGNED
L		Caloutell.	lyen.	N N	I.D. PHYS. 🖂	DIRECTOR PHYS.	1 3/	(3/68
ı		22c. PHYSICIAN'S NAME (Type) Rolando	Λ 1.Τ.ο.	5000	22d. ADDRESS	Moin Gt	Tiletan	7/2
].	. Ito Land				Main St.		
1	230.	BURIAL, CREMATION, 23b. DATE		23c. NAME OF CEMETERY OR		23d. LOCATION (City		(County) (State)
_	-	REMOVAL (Specify) Bur 1a1 5/13	/68	Gilpin Man	or Memoria	Park, E.		Md
	24.	FUNERAL DIRECTOR	Efech	ADDRESS		D BY REGISTRAR 362 2S	b. REGISTRAR'S SI	SNATUKE
1		Hicks Home for	Finer of	als. Elkton	Nd DATE	10.000	11	0

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